

# RN

A JOURNAL FOR NURSES

Should They  
Walk Alone?

Out of the Shadows

Multiple Sclerosis



September 1956



# WHILE YOU WERE OUT

TO: Dr. Gibbons

TIME: 4:50 p.m.

TELEPHONED	X	PLEASE CALL HIM
CALLED TO SEE YOU		WILL CALL AGAIN
WANTED TO SEE YOU		RUSH

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# RN

A JOURNAL FOR NURSES

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EPA

NBP

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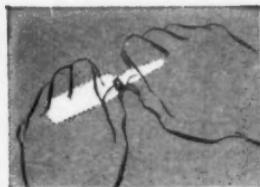
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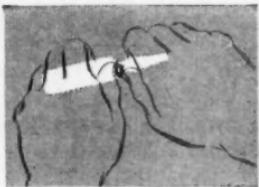
**COVER CREDITS:** *Photographer, Walter Herstatt; cap and pin, University of Connecticut School of Nursing, Storrs, Conn. Photos on pages 37-41 by Lonnie Wilson, staff photographer, Oakland Tribune (Calif.). Photos on pages 60, 61: Chicago Tribune.*

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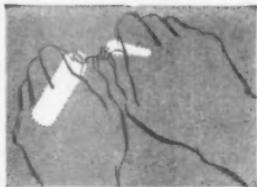
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## ABOUT THE COVER



THE blue and gold pin of the University of Connecticut School of Nursing carries the state seal, bearing the words: *Qui transtulit sustinet* (He who transplanted still sustains). Adopted by Connecticut's early settlers, the motto refers to the guidance and help of God in leading and sustaining the original colonists.

Established in 1942, the school of nursing is one of fifteen schools and colleges comprising the University of Connecticut. Its four-year, basic degree program includes two academic years on the University campus at Storrs, Conn., and two calendar years plus two summer sessions in the clinical field.

Students receive their clinical experience in either of two large general hospitals: the Grace-New Haven Community Hospital, associated with the Yale Medical Center, and the Hartford Hospital. Affiliations in psychiatric and public health nursing are also provided.

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## CONVENTION COVERAGE

Dear Editor:

I wish to congratulate you and your staff on the excellent coverage of the ANA convention in your July issue—the most useful convention report I have ever read. I especially value the highlighting of action taken, the review of the speakers' remarks, and your convention commentary. The latter served to help those of us who couldn't attend get some of the "feeling" of the House of Delegates' sessions.

(Mrs.) HELEN M. DONOVAN, R.N.  
VANCOUVER, WASH.

## A MOTHER'S GRATITUDE

Dear Editor:

My sincere thanks to R.N.'s staff and its readers for the wonderful encouragement given to my 16-year-old son, Barry Price, a paralyzed patient at Massachusetts General Hospital, Boston. Since you published my letter in your July issue, Barry has received more than 200 letters, cards, and gifts from thirty states, and they're still coming in.

Many young people (including service men abroad) have written. So, too, have many old people who can hardly hold a pencil. The list includes mothers whose only sons failed to return from combat, ministers, priests, nuns, lawyers, and patients. I only hope I live long enough to drop at least a line to each one.

Barry cannot walk yet and has only very limited use of his hands.

## DEBITS

## — CREDITS



But we feel sure that he will eventually be as good as new—even though he may have to remain in the hospital for ten more months.

God is good, and so are His people who find time to sit down and write to a young boy who might need just that particular letter at that particular time to get him over the hump.

I cannot put into words the deep gratitude I feel, but Barry and I both wish to thank you.

(Mrs.) ROSE PRICE, R.N.  
DORCHESTER, MASS.

## ON-CALL MOTHER

Dear Editor:

The mother of three pre-schoolers, I have been keeping in touch with my profession by specializing one night every week or two, and have found it a most stimulating experience. Not only has it acquainted me with the new drugs, procedures, and surgical techniques but it has restored my confidence—something that needs restoring when one has been away from nursing too long.

Many nurses regularly on private duty like to take Friday and Saturday nights off, and I can generally work these nights—for my

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husband is at home on weekends to take over the care of the children while I get some sleep. This he does willingly and surprisingly well, and it's good for both him and the youngsters.

I heartily recommend the idea to other nurse-mothers.

(Mrs.) SALLY JENSEN, R.N.  
SAN CARLOS, CALIF.

### CELIAC DISEASE

Dear Editor:

Thank you for printing Mrs. Eben's article "My Child Had Celiac Disease," which appeared in the June issue. I found it very helpful to know that the behavior of my daughter is quite similar to that of her son.

Jeaninne suffered from the dis-

ease almost from birth, although she was eight months old before the doctor diagnosed her as a celiac. Before that, we also went through the routine of various diets, formulas, and doctors. Finally a pediatrician advised us to try the Haas specific carbohydrate diet, and the improvement was amazing.

Jeaninne is only twenty months old now, and she must still be on a restricted diet. However she is so much improved, I feel that she will soon be a normal little girl.

(Mrs.) MARGARET H. HAYES, R.N.  
OMAHA, NEB.

### AGREEMENT

Dear Editor:

I have just read the June article, "A See-It-Yourself Movement," by

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Janet Geister, and think it really hits the nail on the head! I have been a private duty nurse since graduation in 1926, and believe that a nurse, like a minister, should be dedicated to her profession. If every nurse let her conscience be her guide, no patient would ever suffer from lack of kindness and proper care.

(Mrs.) SYLVIA M. SMITH, R.N.

CLAREMORE, OKLA.

### WARMED

Dear Editor:

A remark by a friend who has just returned from a hospital stay gave me a warm heart. She said: "The weather was very hot, the room very small, the traffic noise terrible, but the nurses made up

for it all." She talked of their smiles and their interest, even on days when they were understaffed; about how they were always doing little extras to make her comfortable. It has been years since I have heard a hospital nursing staff described by a patient as being so pleasant.

In the discussions about practical nurses, many, I think, are losing sight of several important things. If used as they should be, practical nurses are a great help in relieving R.N.'s of minor, routine details. If they are overstepping their qualifications, the responsibility lies with either the floor supervisor or the hospital superintendent for allowing another pair of hands to do work which only an R.N. or a stu-



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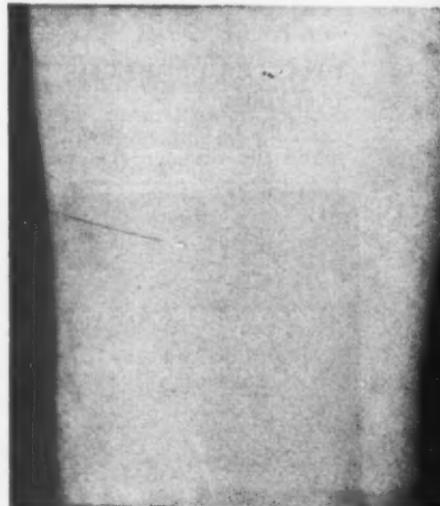
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Diseases of the Skin, 11th ed., 1956, p. 932.



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**RIASOL FOR PSORIASIS**

dent nurse should do. Many practical nurses develop a strong feeling for the welfare of the patient; and if no one else is doing the work, they will do it themselves.

I speak from personal experience as a floor supervisor during World War II; without practical nurses and volunteer aides, the work would never have been finished nor the patients cared for adequately.

I enjoy your journal very much, and I am grateful to you for the many things I have learned from it.

P. T. PARKER, R.N.  
SAN DIEGO, CALIF.

#### DISASTER PROBLEMS

Dear Editor:

I wish to tell you how helpful I found the disaster symposium in

your May issue. These articles should bring to the minds of nurses the changing role the profession will have in an atomic catastrophe. I think the hardest thing we will have to do is to decide which patients are expendable. This is a thought which, I am sure, nurses have never had to consider and which will seem contrary to all their previous experience and professional behavior.

The public, I feel, will also find it most difficult to understand. I myself do not, at this time, know how to go about re-educating people to the idea that certain groups of sick and injured persons will not receive immediate medical attention. Our whole American point of view has made us feel that priority should be given to the most seriously injured.

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How to change this attitude is an absorbing problem to me as a public health nurse with advanced education in mental health. Since reading your May issue, I have continued to come back to the implications an atomic disaster would have for our mental health and our interpersonal relationships.

(Mrs.) HELEN T. WATSON, R.N.  
CONSULTANT IN SCHOOL  
HEALTH  
STATE DEPARTMENT OF  
EDUCATION  
HARTFORD, CONN.

### NEW DEPARTMENT

Dear Editor:

R.N. is the best little magazine in its field. I've read it regularly since 1940, and it has constantly improved. Your "Literature & Samples" page is an excellent method of bringing new equipment to our attention. Best wishes for your continued success.

ANN S. YORK, R.N.  
CHICAGO, ILL.

### MENTAL HYGIENE

Dear Editor:

For as long as R.N. has been published, I've been its devoted reader, and I often wish for but one privilege—that of clasping the hand of Miss Geister, who has such an acute awareness of the pulse of nursing.

So much could be accomplished if, in our midst, there weren't an attitude of pettiness, narrow-mindedness, and mediocrity—even among those of us who have acquired de-

R.N.—a journal for nurses

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\*H. Beckman: Treatment in General Practice. W. B. Saunders Co., 1946; page 578.

grees. It isn't merely the heart of nursing that needs looking into, but the mind as well. We need to have healthy minds to (1) feel comfortable about ourselves, (2) feel right toward other people, and (3) meet the demands of life.

R.N., CALIF.

#### MIXED REACTIONS

Dear Editor:

"Miracles Don't Happen?" (R.N., March) is a beautiful story—and very real (a similar incident happened to me). The author is truly a dedicated nurse, and we need many more like her.

(Mrs.) FRANCES K. LARSON, R.N.  
MENDOTA, ILL.

\* \* \* \*

Dear Editor:

This story belongs in the wastebasket rather than in a professional journal. If such a story is representative of nursing today, we do not deserve professional status. Who ever heard of a senior student nurse taking over the responsibility of an emergency room without first knowing where the emergency drugs are kept?

(Mrs.) RUTH BAKER, R.N.  
COLUMBUS, OHIO

#### OVERPAID

Dear Editor:

I am a secretary; my sister Mary is a public health nurse. We work practically the same hours and receive identical salaries; but there the similarity ends.

I spend most of my day on my broadening derrière. Mary's as-

R.N.—a journal for nurses

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signments keep her physically on the go all day. She often arrives home totally exhausted.

My workday contacts are mainly pleasant ones, and the people involved are usually cooperative. Mary, on the other hand, constantly encounters sadness, indifference, and ignorance; rarely does she get either cooperation or appreciation.

My skills are only mediocre, but my job doesn't call for more schooling. With my sister, as with all nurses, however skilled, there is a pressing need for more learning.

When I think of what Mary gives of herself for the same salary I receive, it makes me ashamed. I do not approve of federal subsidies, but I do believe that some real agitation for action should be made by nurses' organizations.

One thing I know: If my sister is paid enough, I am considerably overpaid.

DOROTHY HOXSEY  
GRANITE CITY, ILL.

#### ALUMNAE REFRESHER

Dear Editor:

After having heard many of our older graduates say that they would like to go back to work but were reluctant to do so because of the changes in nursing, our alumnae decided to conduct a refresher course. We were able to obtain an instructor from a university school of nursing.

We all had gripes and criticisms when the sessions got under way; but we were amazed to find that our thinking was at least fifteen

years old, that the whole concept of patient-service has changed, and that the nurse now is a part of an ever-growing team. While conditions are far from perfect, and the individual may not be getting the same type of care he used to get, we discovered that many more patients now receive nursing care than in "the good old days."

We want to share this idea with other R.N. readers—since many groups probably feel as we felt but haven't thought of a refresher course.

(Mrs.) FLORENCE M. CAMP, R.N.

PRESIDENT  
LEBANON HOSPITAL NURSES'  
ALUMNAE ASSOCIATION  
NEW YORK, N.Y.

#### PRAISE FROM AN O.T.R.

Dear Editor:

As an occupational therapist, I think it is tremendous that someone has finally gotten around to writing about O.T. and nursing. Your April articles on this subject are very interesting. As every therapist knows, it would be more difficult to work on wards if it weren't for the nurses; with their help and their observing ways, we are able to get "inside information" about patients, their mood changes, their complaints, and so on. The nurses in our hospital are wonderful; and I, for one, wouldn't know what to do without them.

ALICE S. AMISON, O.T.R.  
VETERANS ADMINISTRATION  
HOSPITAL  
HOUSTON, TEX.

R.N.—*a journal for nurses*

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Van Nuys, California



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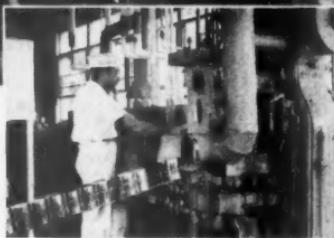
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**BAND BOX LOOK:** A catalogue illustrating teachers' manuals, wall charts, and leaflets on personal grooming and

## LITERATURE

dental health should be of particular interest to instructors in schools of nursing, public health, school, and industrial nurses. **BRISTOL-MYERS CO. I 6**

**SKIN CARE:** A booklet, "The Skin—Our First Line of Defense," is offered by S. M. EDISON CHEMICAL CO., manufacturers of Dermassage medicated skin lotion. Facts about the skin, its physiological characteristics, and its reaction to various applications, are included in this miniature textbook. **I 7**

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1. Rehfuss, M. E.: Indigestion, Philadelphia, W. B. Saunders Co., 1943, p. 322.

2. Shafte, H. E.: J. Am. Geriatrics Soc. 1:549 (Aug.) 1953.

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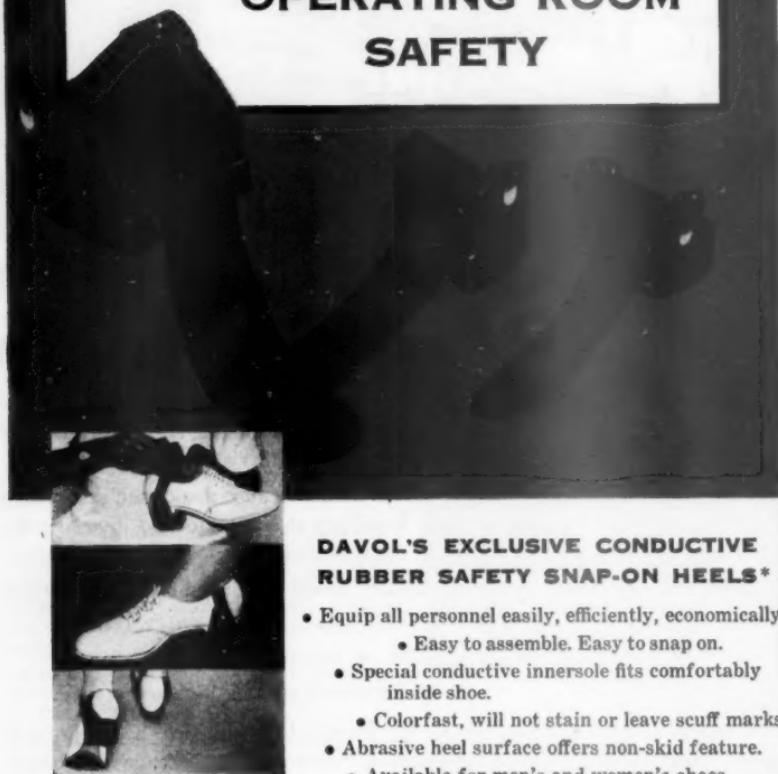
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<sup>(1)</sup> Swinton, N.W., *Surg. Clin. of No. Am.*, 35:833, 1955  
<sup>(2)</sup> Gross, J.M., *Jl. Int. Coll. Surg.*, 23:24, 1955

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## Should they walk alone?

**Q** Nursing economics has held the center of the stage for so long now that a recently published Public Health Service report on a ten-year follow-up study of 26,000 former student nurses caught many of us by surprise—but not so the public press. A dramatic statistic made good newspaper copy: "Violent deaths take the lives of more nurses than do communicable diseases."

Whenever we speak or think of nurses' health it is usually in terms of the risk factor. We have all been aware of the hazards of nursing patients with diagnosed or undiagnosed contagious diseases. It was the profession's concern with the high incidence of TB among nurses that prompted the USPHS, with a grant-in-aid from the National Tuberculosis Association, to undertake the long-range study of tuberculosis among student nurses in general hospitals.

Started in 1943, the study was made in cooperation with seventy-six schools of nursing located in ten metropolitan areas. Conducted entirely by mail, follow-up inquiries, sent out in 1952, located all except a few of the 26,000 and provided invaluable health and mortality statistics on that group. This particular study seemed to startle even the researchers who, for the most part, are usually mentally braced for the unexpected revelation.

Possibly, the improved health programs in hospitals and schools of nursing were reflected in the significant findings that out of the total group only three had died of TB, when at one time it was the leading cause of death among nurses. The TB mortality rate was expressed as one-ninth the expected number. However, TB may still be one of the principal causes of disease among nurses.

Unexpectedly, poliomyelitis, the contagious disease which many nurses fear, accounted for seven deaths where only three were statistically anticipated. May this not suggest that poliomyelitis can be much more of a mortality risk for the nurse than has been generally admitted

## EDITORIAL

to date by members of either the nursing or the medical professions?

In contrasting the early health picture of student nurses with that of the general population, mortality statistics put nurses' health in a more favorable light—which is not surprising considering the rigid physical entrance requirements that place student nurses in a highly selected health group. The disturbing aspects of the later findings—at the end of the ten-year follow-up period—were that the students' earlier health advantage did not follow through. By 1952, the nurse death rate in this group had surpassed the rate for a comparable general population!

Listed as the two leading causes of death among these nurses were: (1) Violent deaths—accidents, suicides, and homicides; (2) Malignant tumors and cardiovascular-renal diseases. More than one-third of the total number of deaths were associated with violence . . . and *suicide may be the most important single cause of death in this study group.*

In 1943, when this study was begun, three-fourths of these student nurses were between the ages of 18 and 21. At the time of the follow-up, in 1952, their ages were: 25 per cent under 25; 60 per cent between 25 and 29; and 15 per cent 30 and over—an average age of 27 years. Four-fifths of these students had become graduates.

The conclusion was drawn from this report "that today's young nurses no longer pay a heavy penalty from exposure to communicable diseases. *Instead, the greatest mortality risks do not appear to be directly related to their professional services.*" It is at this statement that the profession should take a long, soul-searching look.

How many of us can honestly believe that some of these violent and cardiovascular deaths were not directly related to professional services? Nursing has many rewards for its practitioners but nurses have long recognized that freedom from fatigue, economic pressures, and

[Continued on page 75]

# OUT *of the Shadows*

*Those who have sight do not always see. A mother's determination led to a successful educational experiment for sightless and sighted children.*

**M**ICKEY BOYLE, a nine-year-old blind boy, will resume his studies this month in a San Leandro (Calif.) public school where an integrated program, launched largely through the persistent efforts of a courageous nurse, has made it possible for sightless and sighted children to study side by side in the same classrooms. The nurse is Mickey's mother, Patricia E. Boyle, R.N.; and the program she was so instrumental in getting started represents—according to many educators—another step forward in preparing sightless children for life in a sighted world.

Mrs. Boyle and her husband recognized the need for such a program long before Mickey had reached kindergarten age. The lad, blinded in infancy by a retinoblastoma in each eye, was hardly two years old when his parents began to question the wisdom of

sending him to a state school for the blind.

"I had visited such a school," says Mrs. Boyle, "and I didn't like the idea of having Mickey grow up in a segregated environment where he would mingle only with the blind. It seemed like shutting him off from everything normal. Also, I felt heartsick at the thought of sending him away from home—even though we could have him with us every weekend and during vacation. Yet there didn't seem to be any other choice, for at that time we had no public classes for the blind anywhere in northern California."

Undaunted by this fact, the nurse-mother set about investigating the possibilities of getting such classes started in the San Leandro area. Little did she realize then what a long, uphill struggle lay ahead. Looking back on it now,



by Al Graham

she recalls the first roadblock she encountered: Nearly everybody she talked to said, "There are no blind children around."

"To prove that there were others besides Mickey," she says, "I began hunting them out. I asked the milkman, the breadman, and other such people for names. Then, when I had compiled a substantial list of such children, I sent copies of it to the State Department of Education and the officials of our own school district. I felt that those in authority should at least know that such children existed and where they lived.

"I then began visiting the homes of those on my list—often taking Mickey along. In many of these homes, I found that the parents had a very poor attitude toward their child's blindness; they couldn't seem to accept the fact that they had a blind child. But when some

of them learned that my son, too, was blind, and that I wasn't discouraged by the fact, they freely told me how glad they were that I had come to see them. As best I could, I tried to help them understand the ways and means of making a sightless child self-sufficient—and the dangers inherent in pampering him too much and thus making him too dependent on others. Always I took along the printed material—books and pamphlets—I had obtained from the American Foundation for the Blind in New York City. In more ways than one, I was being truly educated myself.

"But it was quite another story when I approached local educators in several surrounding towns. Time and again when I asked why an integrated program for the blind couldn't be started in the public schools, I was told flatly that it couldn't be done; that the blind child would be killed on the playground; that he would have to be led around; that funds weren't available for employing special teachers; that the whole idea was utterly impractical and out of the question.

"I listened patiently to the many reasons these educators gave—but I never gave up trying to educate *them*. I explained in detail the various things that a blind child is capable of doing—things that are often difficult for youngsters with perfect vision. I sent many an instructor the pamphlets and letters I had obtained showing how an inte-



◀ Mr. and Mrs. G. M. Boyle watch anxiously as their sightless son, Mickey, crosses the street unaided on his way to school in San Leandro, Calif.

Joined along the way by a sighted classmate, nine-year-old Mickey, entirely familiar with every step of the route, carefully avoids a misstep at a dangerous corner. ▼



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▲ At recess time, Mickey participates in various playground activities with sighted schoolmates. Here, he plays Follow-the-Leader in walking a narrow board.

Having learned to tell time by finger-  
ing the dial of his wrist watch,  
this youngster doesn't need any  
school bell to remind him that re-  
cess time has ended. ➤





▲ The reading class finds Mickey among his sighted classmates, following in his Braille reader the adventure story which the others are following in their printed readers. Mickey listens intently to the teacher's explanations as he waits for his turn to read.

The San Leandro school, among the first public schools to accept blind children, has a "resource room" where Braille and certain other subjects are taught by a specially trained teacher. Mickey spends only a small part of each day in this resource room. ➤





◀ Touch typing is one of the specialized skills which Mickey is learning under the watchful eye of Mrs. Jerrine Lucas, teacher of the resource room. When the typing lesson is finished, the blind lad will return to his own class-room for his regular subjects.

Back with his sighted classmates, Mickey tackles an arithmetic problem, using his Braille equipment while his classmates use paper and pencil. Mickey's mother, a nurse, was instrumental in starting this integrated program, which has proven to be highly successful. ▼



grated program could be set up, the special "resource room" that would be required, the qualifications that the teacher in this room should have, the Braille equipment that would be called for, and so on. I wrote many a follow-up letter, and made many a subsequent visit to talk with those who showed the least sign of interest.

"When one of our local blind boys was ready for kindergarten, I went to see the school principal and took Mickey with me. This time I didn't get the brush-off. The educator seemed genuinely interested in what I had to say; but I believe he was even more impressed by watching Mickey. When we left, I had the principal on my side.

"But I still had to convince the Board of Education and the Superintendent of Schools that my plan was worth a try. That took a bit of doing, but I finally accomplished it by visiting each of them separately in their homes. So, after three long years of never-ending effort, I was rewarded by seeing the first blind children enrolled at the Roosevelt

Elementary School in the fall of 1952.

"Fortunately, I had insisted that the program be a completely integrated one; elsewhere in the state, blind children who had been taken into public schools the previous year had been segregated and not allowed to study side by side with sighted children. Such programs were already encountering trouble—and at least one of them has subsequently shifted over to our method. Several others, since begun, have adopted the integrated system from the start, and—like our own school—appreciate the results."

How does the San Leandro program function? Briefly, thus:

The blind children are enrolled in the school's regular classes, which range from kindergarten to seventh grade. Special instruction in the reading and writing of Braille and in touch typing is given in a resource room by a specially trained teacher; otherwise, the sightless child pursues the same basic studies as his sighted class-

[Continued on page 77]

WRITING in the *Journal of the Canadian Medical Association*, Dr. J. Todd, a psychiatrist of Menston-in-Wharfdale, Yorks, England, suggests that Lewis Carroll, author of "Alice's Adventures in Wonderland," went through the looking-glass long before Alice did. Carroll, the doctor explains, was a lifelong sufferer from migraine headaches, and such sufferers often experience bizarre disturbances of the body image comparable to the visual illusions produced by the parabolic mirrors of a fun-fair. Thus, Carroll, in depicting Alice as suddenly becoming remarkably tall, or remarkably short, was subconsciously revealing a syndrome of his own—a syndrome common to migraine sufferers and epileptics. As a result of his conjectures, Dr. Todd has come up with a name for this symptom-group: the Syndrome of Alice in Wonderland.

There are moments in our lives, says the essayist, Samuel Crothers, when, moved by some unusual event, we rise above the conflicts of the day to catch "a glimpse of eternity." However rare and fleeting, these glimpses give meaning to life by bringing us a deeper sense of kinship with eternal forces.

There was such a moment at the recent ANA biennial convention. It came in the brief hush after the processional that opened the first general evening meeting. Leading the procession, in measured pace, single file, down two long aisles, were 150 uniformed student nurses from Chicago's Augustana Hospital. Following, in formal dress, came the speakers, guests, and members of the ANA Board of Directors. Taking their places in an ascending tier of seats at the back of the stage, the students provided a meaningful and beautiful backdrop for the dignitaries at the front.

Facing them, in the huge auditorium, were thousands of nurses, representing every phase of nursing, every part of our country and its far-flung territories, and other countries as well. For the moment, these nurses were not individuals, but "universal nursing." There was no rank among them as they sat side by side, moved not so much by the pageantry as by the symbolism of the scene.

In the silence that followed the stilling of the great organ, I looked into the faces of nurses, lifted expectantly, hopefully, assuredly, toward the lights. There came to me

## CANDID COMMENTS

James  
m.  
G. Miller

### The Spiritual Basis of Nursing

then a profound sense of oneness, of devotion, of allegiance to all this represented. It was a moment that revealed the deathless and universal qualities of the spirit of nursing . . .

This was a spiritual experience, yet withal a disturbing one, for today the inspiring spirit of nursing service is being jeopardized. New elements have entered the scene. The vastly accelerated demands on nursing have forced changes in education and practice that few fully understand, but many both within and outside of the nursing profession criticize.

The changed pace of hospital administration, as institutions become more complex and highly organized, has too often shifted the emphasis from the patient to hospital efficiency. Getting the work done, the order book checked off, can become more important than the patient's peace of mind. The nurse who lingers to listen or to reassure is "wasting time."

Doctors' orders and new nursing

responsibilities have multiplied without a commensurate increase in authority for nursing administration. The status of the professional nurse is blurred. The old nurse-patient relationship, with its rich spiritual values for both patient and nurse, has been disturbed; and we are still in the process of learning how to retain these values in our new patterns of work.

Above all, the sheer numbers of patients that pass before doctors, nurses, and other health personnel, and the speed of their transit, provide little opportunity for wakening and deepening our reverence for the life of everyone we touch. Reverence for life is the very keystone of medicine and nursing, in fact, the keystone of all human endeavor. Yet, in our society today, we seem to be passing through an era of paradoxes. On the one hand, grand, new heights are reached in prolonging life, in conquering disease, and promoting health; on the other, we seem to have discounted the value of human life.

Is it callousness, shallowness, or preoccupation with the "minor collisions" and gadgets of life that distorts our sense of values? Or is it because some feel that there are so many people, one or two more or less don't count? The latter was the opinion of one grieving nurse who wrote me a poignant letter after the death of her sister in an "unfeeling" hospital.

All of these elements are disturbing and a threat to the spirit of nursing, in fact, to the whole spirit

of patient care. All of us in the health field need to take stock of what our changed way of life has done to our attitudes. We need to realize that no timesaving innovation in patient care, human or mechanical, relieves any of us from the need to feel love and personal concern for our patients.

I don't believe that the phrase "spirit of nursing" was coined by chance; it originated because of the recognition that nursing must always be a blend of protective love, judgment, knowledge, and skill. The sick person, full of uncertainties, fears, worries, is a person different from his normal self and from any other being. He is in the hands of others, helpless to make decisions himself. The nurse who stands between him and all the forces, imagined and real, that threaten him has a unique role. She is with him during some of his most critical, needful, and anxious moments. She deals directly with human life, the most precious and important element on earth.

But the spirit that is nursing not only protects the patient; it enriches the life of the nurse. Her growing sense of responsibility and protective love permeate all her relationships, in her home and community as well as in her profession. Paul Tillich, eminent theologian, writes "People are sick not only because they have not received love, but also because they are not allowed to give love." The giving of love is one of our deepest human needs. When we say "Once a nurse

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always a nurse," we are simply expressing our belief that the practice of nursing does profoundly affect the personality of the nurse.

Many nurses are troubled over today's confusions and paradoxes. Some have become bitter; too many have disassociated themselves from all professional activities beyond the day's work. But the great majority, whether walking alone or with others, have in common two primary wants: One is good patient care; the other is that we retain and cherish all the old values of nursing that make it good. These wants, however, can only be

a springboard to action; and in our actions we need a broader perspective and a greater degree of objectiveness.

We need, first of all, to *stop scolding each other* as though all the causes of nurses' problems and confusions lie within nursing. More and more has it become true that the education and practice of nursing are conditioned by forces *around* nursing. The crowded curriculum isn't the result of nurse educators' dreams. Every hour and every subject in it is there because the demands on nursing have grown. Are there any doctors in

## PROBLE



"WHY DIDN'T YOU SAY IT WAS LOADED?"

any specialty who do not expect and need nurses who can interpret, execute, and safeguard their orders? In these days of scientific expansion, nurse educators, like general educators, are hard put to include all the material without the loss of tried and true values.

The nursing administrator wasn't responsible for bringing in the non-professional worker. It was the turn of the wheel that did it—a new era that brought a greater variety and volume of nursing needs. True, there have been mistakes in the use of the non-professional worker. Some were made on the orders of people interested in dollars who think the *motions* of nursing *are* nursing. Some were made in order to control the mounting load of work. And some were simply the results of our trial-and-error period of learning.

It is hard for some of us to realize that we are in a period of transition, working out huge new problems as we go along. We may differ with some of the ideas of the advance guard or of those who drag their feet, but I do not believe we can question motives or sincerity. Scott Fitzgerald summed up the message of America: "America is willingness of the heart." That, too, is the message of nursing. If we know this, we can have faith. The need for nursing grows, and the willingness to meet that need grows with it. But as we grow and change, we must hold fast to certain unchanging values.

The growing demands on nursing for greater skills, versatility, and responsibility are both a tribute and a challenge. But in our pride over the tribute and our ef-

[Continued on page 78]

## Night Nurse

The last determined whispers have been stilled;  
The corridors are dimmed, and now the reign  
Of rigid calm begins. The air is filled  
With bits of strange half-sounds that tell where pain  
Still lingers, unsubdued. Her step unheard  
Save by the listening ones, the night nurse moves  
From room to darkened room with a whispered word  
For the frightened. Her hands erase the grooves  
From brows held taut in sleep. The darkest storm  
Abates, and panic dies in the arms of a warm  
And radiant wraith, an angel in uniform.

—MARION LEONARD

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## Storm

## Warnings from

## Hollywood

by Frances Elder

**R**ARE diseases are a dime a dozen in Hollywood where pathos and pain are top drama. The latest syndrome to emerge from the medical into the entertainment world is *periarteritis nodosa*, a disease which makes its dramatic debut in *Bigger Than Life*, a film based on *The New Yorker* article, "Ten Feet Tall" by Berton Roueché.

If *Bigger Than Life* were a Grade B movie, "periarteritis nodosa" might rate a brief trip to the medical dictionary. But it isn't. In Hollywood parlance, it is "pulse-racing," "spine-tingling" drama, produced and starred in by James Mason. And because its emotional impact stems from the misuse of cortisone by a patient afflicted with this disease, there's bound to be widespread questioning of doctors, pharmacists, and nurses.

In case your knowledge of rare diseases and the equally rare ef-

fects of "miracle drugs" is shaky, here's a brief rundown on some pertinent aspects of *periarteritis nodosa* and cortisone.

The term "periarteritis nodosa" describes a disease marked by nodules appearing on muscular arteries. Spreading through the walls of the vessels, the disease process may lead to thrombosis and arterial obstruction with formation of infarcts. Although similar vascular lesions have been observed in patients dying from serum sickness and allergic reactions to drugs, the cause of the disease is not definitely known.

Since the arteries throughout most of the patient's body are affected in varying degrees, signs and symptoms may seem unrelated and defy diagnosis. Fever, abdominal pain, hypertension, edema, and neuritis have been reported to occur most frequently, while leukocytosis, albuminuria, hematuria, and eosinophilia are common laboratory findings. The violent pain that often arises in the umbilical or gallbladder areas is attributed to the frequency with which arterial lesions are found in the abdominal viscera or intestinal tract.

Correct diagnosis of *periarteritis nodosa*, which simulates a great many other diseases, depends upon microscopic study of biopsied tissues, including skin, subcutaneous tissues, as well as muscle. Many sections must be made, for the characteristic lesions are segmental in distribution.

In the past, treatment was chiefly

symptomatic; but in recent years, patients have been helped by administration of the adrenocorticotrophic hormone and the adrenal hormones which, in many cases, have cleared up histologic signs of inflammation. Whether these "miracle drugs" will influence all forms of periarteritis nodosa is not known.

In common with other findings, the course of this ambiguous disease varies. Its onset may be insidious or sudden, and some patients have had remissions, long intermissions, and exacerbations. Although its outcome is usually fatal, complete recovery may occur in one form of the disease.

Just how cortisone changes the course of periarteritis nodosa and other so-called collagen diseases,

including rheumatoid arthritis, is obscure, but it is believed that it affects the mesenchymal tissues, making them less reactive to the disease stimulus.

Like any potent hormonal agent, however, cortisone has its untoward effects as well as its beneficial ones. Taken indiscriminately, it may cause physiologic and metabolic effects as moonlike facial contours, hirsutism, acne, muscular weakness, and mental disturbance. It is the latter effect upon which the story of *Bigger Than Life* is based.

According to the textbooks, cortisone is capable of causing psychic derangement, such as the manic-depressive state portrayed in this movie. This is rare, though, and

[Continued on page 31]



Photo: U.S. Army

**PROGRESS IN KOREA:** At Seoul University Hospital, a four-year nurse training program, inaugurated under U.S. Army auspices, aims at providing the ROK Army Nurse Corps with competent nurse officers.

Utilizing the phantom *sensation* in training amputees to use prostheses restores function earlier and prevents phantom *pain*, reports Dr. Andor A. Weiss in *Annals of Internal Medicine* (April 1956). Pain is also alleviated by psychotherapy and by removing stump irritation.

*Some 1,250 potentially dangerous items are kept in and around the home, according to Clara M. Henry, chairman of the American Society of Hospital Pharmacists Economic Poisons Committee.*

The first effective antidote for nerve gases is PAM, a chemical discovery of Columbia University biochemists. Tailor-made to offset the lethal effect of nerve gas, which blocks the action of cholinesterase in transmitting vital nerve impulses, PAM must be injected right after exposure for therapeutic results.

*Pain after drinking any type or amount of liquor is a telltale sign of Hodgkin's disease, state Drs. John O. Godden, O. Theron Clagett, and Howard A. Andersen in JAMA (April 14, 1956).*

An increase of 36 per cent in discharges of former chronically ill mental patients treated with tranquilizing drugs has been noted at the Northampton, Mass., VA hospital. Out of 202 patients receiving chlorpromazine or reserpine, 76 per cent showed improvement, a higher percentage than among those given other treatment.

## SCIENCE SHORTS

*There are 334,000 sightless people in the U.S., reports the National Society for the Prevention of Blindness, which urges those over 40 to have eye tests every two years to detect glaucoma and cataracts.*

The problem of social isolation of people over 60 may be solved by retirement communities such as St. Cloud, Fla., a town described by Gordon J. Aldridge, Ph.D., in *Geriatrics* (May 1956). Older people, he notes, need social approval, personal satisfaction, and a life adjusted to their needs.

*If parents can stand the din, some children may use woodwinds and brasses to correct malocclusions instead of wearing braces, says Dr. Howard E. Kessler in a recent issue of Dental Survey.*

An eighteen-year study on the use of vaginal tampons during menstruation, after biopsies, and in sterility reveals no damage to vaginal and cervical epithelium, according to Dr. Karl J. Karnaky in *Clinical Medicine* (June 1956). By absorbing spermatozoa-killing secretions, tampons were also effective in overcoming sterility.

# NURSING EDUCATION IN FINLAND

by John E. Owen\*

AMERICAN-LIKE in many respects, the little republic of Finland (pop. 4,000,000) has come a long way since declaring its independence in 1917. Acknowledged to have a literacy rate of 99 per cent—highest in the world—this former grand duchy, controlled for seven centuries by Sweden and later (1809-1917) by Russia, has recovered from the scars of Soviet invasion during World War II, paid off its wartime debts, and again is making substantial progress, particularly in the fields of health, education, and welfare.

Postwar construction of modern



Photos: Courtesy Aili Leminen

▲ Although hospitals in the urban areas are generally well staffed, a marked shortage of nurses exists throughout rural Finland.

hospitals has made possible the development of a sound program of nursing education—a movement said to have been started by the Baroness Mannerheim, sister of Finland's famed general and its foremost national hero. The country now has sixteen schools of nursing; twelve are financed in full by the national government, one by the city of Helsinki, and three by deaconess institutions which receive some government support.

The main center of this educational system, located in the capital city, embraces the state-sup-

\*Dr. Owen is an associate professor at Florida Southern College.



**Public health work receives special emphasis. Finland has upward of 1,000 nurses in this field.►**

ported Helsinki School of Nursing (which provides basic training) and its affiliated College of Post-basic Studies. This center, built in 1940 and used as a military hospital during the war, is modern in all respects. It accommodates some 500 students.

Each of the twelve tax-supported schools is administered by a governing group appointed by the State Medical Board. This board approves the schools' curricula and can recommend private institutions for accreditation.

Student applicants must be high school graduates between the ages of 19 and 29; those younger or older require special permission to enroll. (Since last fall, the state school in Helsinki has accepted only applicants with two years of college study or its equivalent.) Training covers a three-year period, including six months' preclinical study. During the latter half of the senior year, each student may choose one of several fields in which specialized training is available; these include various branches of clinical nursing, public health work, midwifery, and laboratory or x-ray techniques.

Three of the schools provide

◀ Finland's system of nursing education revolves around this modern teaching center in Helsinki.



their own public health courses for seniors choosing this field as a specialty. Similarly-minded seniors in the other schools are sent to the Helsinki college for their public health training.

Like most European countries, Finland lays great stress on public health work; even a small district with only 4,000 inhabitants is required by law to have at least one public health nurse. Thus, this branch of nursing is generally well-organized, and at present has upward of 1,000 nurses in active service. Visiting homes, schools, and industries, these nurses often cover vast distances on their health-education missions. In winter, many of them travel on skis; in summer, they frequently use row-boats to cross one or more of Finland's 60,000 lakes. In recent years, some have been provided with cars.

Totally, Finland now has about 14,000 graduate nurses, with some 7,500 of these in active practice. Salaries range from about 28,000 Finnish marks (\$123) to 71,000 (\$312) monthly—the latter figure is the pay of each of the five nurse directors who are members of the State Medical Board. Hospital salaries depend upon individual status and years of service; staff nurses average around 30,000 marks (\$132) monthly, ward sisters 35,000 (\$154), and matrons 40,000 (\$176). (In comparing U.S. and Finnish pay scales, one must bear in mind the relative purchasing power of the dollar; in Fin-

land, it buys much more than it does here.)

Despite recent progress in the hospital field, a marked shortage of facilities and nurses still exists, particularly in the rural areas. (Finland is largely rural—agriculture and lumbering are its chief sources of income.) Medical care follows the U.S. pattern of private practice, and the doctors, like their American colleagues, tend to locate in the cities. Plans are now under way to remedy the rural health situation by building new central hospitals, which presumably will attract more doctors and nurses to the hinterlands.

Like the nursing schools, the hospitals fall into three categories: (1) those built and supported by the state (university clinics, provincial and central hospitals); (2) those run by municipal and town governments; and (3) the privately operated institutions. Voluntary health insurance, somewhat similar to our Blue Cross-Blue Shield coverage, provides many with a daily allowance in periods of illness. Public health nursing is mainly a tax-supported service. Socialized medicine, in the form of a compulsory health insurance law, was under discussion by the legislators at last report.

Larger of the two national nursing organizations is the Finnish League of Nurses with some 8,500 members; it is also the younger of the two, having been founded in 1925 by Finnish-speaking nurses.

[Continued on page 82]

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Photo: Pennsylvania Hospital

## Fashion Trail Blazers

THE traditional cape has given way to the modern blazer at the Pennsylvania Hospital School of Nursing, Philadelphia, and according to Helen G. McClelland, recently retired director of the school, the new fashion is "nippier, sportier, more attractive, and more practical" than its time-honored predecessor, the flowing cape, whose history reportedly dates back to the fifth century B.C.

Whether or not the blazer lasts that long, its introduction is of special interest, since it came at the request of the Class of '57—the group which matriculated last September as members of the school's new two-year course, first of its kind in the U.S.

Similar in style to the familiar blazer affected by the high school set, the student nurses' version is navy blue in color, with gold piping on its lapels and an embroidered seal of the hospital on its breast pocket. Incorporated in the seal is the legend, "Class of 1957."

Incidentally, the blazer costs about \$16 as compared to about \$30 for the traditional, flowing cape.

# M ultiple S clerosis

**M**ULTIPLE sclerosis, a disease affecting the central nervous system, tends to attack vigorous young people between the ages of 20 and 40—life's most productive period. Often striking with dramatic suddenness, the disease poses a serious social and economic problem, not only for an estimated quarter of a million Americans, but also for their families and friends.

The name "multiple sclerosis" refers to the typical lesions found scattered haphazardly throughout the brain and spinal cord in chronic cases. These consist of patches of fibrous tissue—scars of an acute reaction of unknown origin. Naked nerve fibers, some damaged and others all but destroyed, may be seen running through the scarred area.

Normally, nerve fibers are covered by a sheath of a fatty tissue,

myelin, which insulates the individual axons in a fiber tract. In multiple sclerosis, for reasons that are not understood, these protective sheaths tend to swell, break up, and become detached from the fibers. Disintegration of the myelin sheath leads to damage or destruction of the demyelinated fibers. As a result, the number of impulses passing down motor nerve pathways is diminished and may, in time, be reduced enough to cause paralysis of the muscles.

Such short-circuiting of nerve impulses may occur in almost any area of the central nervous system, resulting in symptoms that vary with the site and size of the damaged region. While these symptoms and the manner of their onset differ considerably, certain signs are common in most cases.

Blurring, double vision, and nystagmus occur frequently due to

spontaneous remissions is one of the most mystifying aspects of the disease. Almost miraculously, severe symptoms may disappear overnight: the paralyzed patient may be able to walk, and eyesight may suddenly be restored. Unfortunately, such recoveries are usually temporary, and may be followed by serious relapses. Old symptoms may return intensified, along with new ones caused by more recent nervous lesions.

by Morton J. Rodman

damage to the optic nerve and nervous pathways controlling sight and ocular movements. Lesions in other motor and sensory nervous pathways produce tingling, numbness and weakness of the hands and feet, followed by tremors, staggering, spasticity, and paralysis. However, none of these neurological signs and symptoms is, by itself, diagnostic of multiple sclerosis; all can occur in a number of other illnesses, including syphilis, alcoholism, pernicious anemia, and even hysteria. Thus, the diagnosis is made, not from any single sign or symptom, but only after the appearance of certain characteristic combinations. One of these is the occurrence of relatively minor neurological symptoms that seem to clear up spontaneously, only to reappear in somewhat altered form after an interval of apparent good health.

The frequency of these spon-

Recurrences are a cruel blow to the patient and confusing to the physician who may be trying to weigh the value of a new treatment. If the factors responsible for the fluctuations in the course of this disease could be determined, it might be possible to bring about lengthy remissions artificially by means of drugs, diet, or other measures. Therefore, much recent research has been aimed at determining the cause of initial attacks and subsequent relapses.

Various investigators have blamed the origin of the disease on infection, allergy, blood and vascular disorders, and vitamin deficiency. Support of the latter view has waned, however, with the failure of massive doses of vitamins to alter the course of the condition. Then, too, it has become apparent that malnourished people in economically depressed countries do not suffer from similar neurological symptoms despite diets grossly deficient in B complex and other vitamins.

Evidence for bacterial or viral

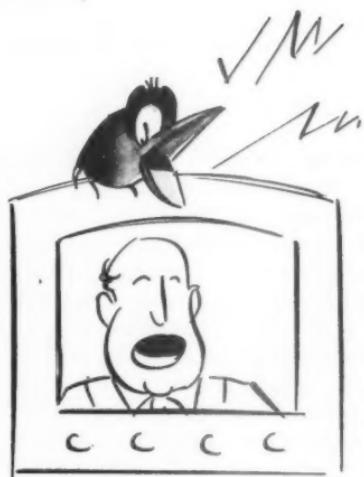
"ZEKE

AND DESSIE"



origin is also slim, though some scientists believe that the proteins of organisms might trigger an allergic reaction in nervous tissue. Such reactions, whether caused by microorganisms or by contact with foods and other substances to which the person is hypersensitive, could account for some of the sudden symptoms that develop at the onset of an attack.

According to the proponents of this theory, multiple sclerosis lesions resemble the watery skin wheals of typical allergic reactions. It is believed that the pressure of edema fluid, confined within a bony box like the skull, could cut off the blood supply to certain areas, depriving nervous tissue of oxygen and other nutrients which enable it to function properly. This might account for the early symptoms and their remission after the reaction has subsided. However,



when the pressure lasts long enough to destroy the tissue, recovery of function does not generally occur, despite the body's attempt to repair the damage. As a matter of fact, repair processes may account for the scar tissue seen in the typical sclerotic patches scattered throughout the nervous system.

The possibility that reversible allergic swellings of the nervous sys-

tem might cause irreparable damage has led to attempts to treat multiple sclerosis with antiallergenic agents. At one clinic, therapy is based mainly upon the administration of extracts prepared from substances to which patients appear to be sensitive. The antihistaminic drugs have also been tried, though there is no real evidence of their usefulness.

Oddly enough, histamine, the chemical believed to cause the tissue damage when released as a result of an allergic reaction, has been widely employed recently. Some claim that this chemical causes the body to produce hista-

mine-specific antibodies that neutralize tissue histamine before it can do any damage to delicate capillaries in the brain and cord. Others maintain, however, that any improvement resulting from histamine therapy is due to the drug's dilating action on the cerebrospinal blood vessels.

According to the proponents of this hypothesis, multiple sclerosis lesions are caused by transient spasms of blood vessels in the brain and spinal cord. Histamine and other vasodilator drugs, such as amyl nitrite, papaverine, and nicotinic acid, are believed to prevent damage in the spastic areas by increasing the local blood supply. But in order to prevent new lesions from developing, vasodilation must be maintained almost constantly—a requirement difficult to meet even with high doses of vasodilator drugs.

[Continued on page 87]





### DIPHENADIONE N.N.R. (Anticoagulant)

**PROPRIETARY NAME:** Dipaxin

**PHARMACOLOGY:** This synthetic anticoagulant is used in various conditions to prevent formation of clots in blood vessels. Its action is similar to that of bishydroxy-coumarin (Dicumarol) in that it inhibits production of the clotting factor, prothrombin. It is said to have an unusually long duration of action—up to three weeks after administration is stopped.

**DOSAGE:** About 20 to 30 mg. may be given on the first day, and 10 to 15 mg. on the second day. Then the dose should be carefully adjusted in accordance with prothrombin time determinations. Medication must be stopped if bleeding occurs.

**UNTOWARD ACTIONS:** Overdosage may cause hypoprothrombinemia and bleeding, which can be counteracted by vitamin K.

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### HISTAMINE PHOSPHATE U.S.P. (Vasodilator)

**PROPRIETARY NAME:** Available under official title.

**PHARMACOLOGY:** Histamine has been employed to desensitize patients suffering from various allergic conditions, including vasomotor rhinitis, and a type of headache called histamine cephalgia. It has also been used to combat migraine headaches, Meniere's syndrome, multiple sclerosis, and other neuropathies.

**DOSAGE:** The dose and manner of administration vary considerably depending on the drug's therapeutic or diagnostic use. The usual dosage is between 0.3 and 1 mg.

**UNTOWARD ACTIONS:** Histamine can cause effects similar to those of severe allergic reactions, including flushing of the face, skin wheals, severe headache, dizziness, asthmatic attacks, and sometimes a fall in blood pressure.

## DRUG DIGEST



### d-TUBOCURARINE CHLORIDE PENTAHYDRATE (Muscle Relaxant)

**PROPRIETARY NAMES:** Tubadil; Delacurarine

**PHARMACOLOGY:** Injected intramuscularly as an oily suspension, this curare alkaloid relaxes spastic skeletal muscles for long periods. This depot form of the drug is especially useful against muscular spasm occurring in neurological conditions such as multiple sclerosis, brain and spinal cord tumors and injuries, tetanus, and cerebrovascular accidents.

**DOSAGE:** The average adult dose is about 25 mg. However, due to variability in response, the dose and dosage interval must be determined for each individual.

**UNTOWARD ACTIONS:** Overdosage may cause respiratory paralysis, requiring prompt artificial respiration, preferably with oxygen given by positive pressure through an endotracheal tube. I.V. prostigmine or edrophonium may be beneficial in small doses as an antidote.

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### ACETYL SULFISOXAZOLE N.N.R. (Anti-infective)

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**PROPRIETARY NAME:** Gantrisin Acetyl

**PHARMACOLOGY:** Acetyl sulfisoxazole is an alcohol-soluble, tasteless sulfonamide derivative, especially suitable for oral, liquid administration. The drug is useful in urinary tract infections due to its high solubility in urine and its effectiveness against organisms of the *Proteus* group, as well as *E. coli* and other common invaders.

**DOSAGE:** An initial dose of about 0.5 Gram for every 20 lbs. of body weight is followed by half that amount every four hours.

**UNTOWARD ACTIONS:** While renal damage due to crystallization in the tubules is less likely to occur than with other less soluble sulfonamides, the usual precautions should be taken against sulfonamide reactions.

# A MODIFIED METHOD FOR INFANT RESUSCITATION

A new method of manual artificial respiration, intended for babies under two years weighing between seven and twenty-eight pounds, has been proposed by Capt. H. J. Rickard of the Navy Medical Corps, according to the *Journal of the American Medical Association*. The step-by-step Rickard prone tilting-visceral shift procedure is as follows:

**1** The resuscitator places the middle finger of her right hand, bent at the second joint, in the child's mouth, over the tongue. With this finger, she draws the tongue forward a bit and depresses it into the floor of the mouth—thus providing an airway to the lungs and allowing mucus and fluid to drain freely. The other fingers of the right hand are spread on either side of the infant's lower jaw to provide support for his head.



**2** Should the baby be found lying *supine*, the resuscitator—while carrying out Step 1 with her right hand—simultaneously uses her left one to grasp the baby's right leg and roll him over onto her right forearm, with his legs and arms straddling her forearm . . . Should he be found lying *prone*, she grasps his right thigh in her left hand, raises him slightly, slips her right forearm under his body, and inserts her finger in his mouth.

**3** The resuscitator's left hand is now placed palm down across the infant's back, with the fingers extended to either side of the neck and hooked across the shoulders to prevent the child from slipping. With the child thus draped along her forearm, she rises to a standing position—keeping her right forearm parallel to the ground. Her upper arm is kept close to her body to support the weight of the baby and to minimize fatigue.



**4** Artificial respiration now begins with the expiratory (or breathing-out) phase. The resuscitator slowly lowers her right forearm to an angle of approximately 45 degrees, placing the child in a head-downward position. This causes the baby's abdominal viscera to shift toward his chest and to push against his diaphragm, thus forcing the air out of his lungs. At the same time, fluids and mucus are drained from the infant's mouth and throat.

**5** For the inspiratory (breathing-in) phase, the forearm is slowly raised to a 45-degree angle, placing the child head-upward. The resultant pull on the diaphragm sucks air into the lungs . . . This seesaw cycle is repeated until the baby resumes breathing. A proper rate of tilting between eight and twelve times a minute) is maintained by repeating slowly "Out goes the bad air" (as the baby is lowered) and "In comes the good air" (as he is raised).



**D**ESPITE a record-breaking national expenditure of \$68,000,000 for food last year, poor nutrition is impairing the health of countless Americans, according to Dr. Ida Bailey Allen, syndicated columnist, who told a recent food-producers' convention in New Orleans that our most obvious dietary deficiency is a lack of the vitamins, minerals, and roughage supplied by fresh vegetables and fruits.

Instead of facing the need for a better diet, we are spending, she said, almost \$750,000,000 a year on vitamin concentrates, laxatives, cathartics, and artificial beauty aids.

Attributing malnutrition among homemakers to their erratic eating habits, Dr. Allen went on to say that national surveys show some 75 per cent of our adolescents to be subsisting on nutritionally inadequate diets. Unbalanced meals, particularly lunches, are also common among industrial workers, the columnist added.

Among specific ailments affected by poor nutrition, she cited the prevalence of the common cold, remarking that "when the general diet is intelligently planned, and an abundance of vitamin C is regularly included in the form of plenty of whole citrus fruits and juice as well as tomatoes and fresh vegetables, the common cold is less frequent, of shorter duration, or is often avoided."

Our per capita consumption of fresh fruits and vegetables is less today than it was ten years ago,

## NUTRITIONAL

Dr. Allen declared. The average American, she added, should eat 587 pounds of these foods a year to round out a liberal diet; yet last year, he ate only 322 pounds.

Reminding the producers that the timesaving factor is all-important to America's 12,000,000 work-



ing wives, Dr. Allen urged the development of quicker methods of preparing and cooking fresh vegetables and fruits. She also suggested that women and young girls be educated to the fact that these foods are beauty aids.

A number of the columnist's remarks are given added emphasis by a treatise on vitamin C deficiency distributed recently by the Florida Citrus Commission. Following

## L DILEMMA

is a brief resumé of its more significant statements:

Tests indicate that hypovitaminosis C (*i.e.*, absence of enough ascorbic acid in the blood) runs as high as 50 per cent in institutional groups, 7 per cent in the general population.



Analyzing the blood of maternity patients, Dr. Carl T. Javert, New York University obstetrician, discovered that the vitamin C content dropped steadily as pregnancy progressed; the cord blood at birth, however, showed a much higher C content—proving that “the unborn babies had robbed their mothers.”

Checking further, Dr. Javert found that women with the lowest vitamin C levels suffered the largest

number of hemorrhages and miscarriages. But after prescribing vitamin C to numerous maternity clinic patients with a miscarriage history, he was able to report that nine out of ten achieved motherhood successfully—some after seven or eight failures.

Although few Americans get less than the daily 10 mg. of vitamin C required to prevent severe scurvy, many are getting less than the 75

## GRAPHIC TEACHING

**WOLFWING DOWN** a breakfast of doughnuts and coffee isn't—as every nurse knows—the best way to begin the day. Great numbers of us continue to do it, however. But in Englewood, N.J., a high school dietetics class, by conducting an experiment on white rats, has been taught the importance of a well-balanced morning meal.

In a five-weeks' study project, the students were enabled to observe the effects of various restricted diets on the animals' well-being. Two of the rats, which were fed only pulverized doughnuts and coffee, failed to live out the test period; but another, restricted to a diet of orange juice, wheat, and dry milk, thrived like a garden weed.

News of the experiment spread rapidly through the school, and a recent report states that a good breakfast—orange juice, cereal, toast, and milk—is now the rule, rather than the exception, among the students.

mg. recommended by the National Research Council for a normal, healthy man.

Nutritional surveys based on blood analyses indicate that ascorbic acid and calcium are the most widespread deficiencies. This emphasizes the fact that vitamin C is required in larger quantities than any other vitamin. It takes a whole orange to supply the normal adult's daily need. (Most other common foods carry much less, and their content is further reduced by the overcooking of vegetables and the pasteurization of milk.)

Vitamin C is the easiest vitamin to destroy by heat, oxidation, drying, or storage. It is now known, however, that orange juice keeps its ascorbic acid for days under household refrigeration. The flavor deteriorates at a faster rate than the vitamins.

Our bodies can store but a small part of a vitamin C windfall in the liver, adrenal cortex, and other tissues. Hence, nutritionists believe we should have a new supply daily.

Studies have shown that population groups most likely to be on the scant side of vitamin C intake are (1) those living on Indian reservations, in Maine fishing villages, in the Tennessee mountains, and in rural areas where orange juice, fruits, and fresh vegetables are not regularly served; (2) babies from six months to two years of age; (3) pregnant women and nursing mothers; (4) old people living alone in furnished rooms; (5) al-

[Continued on page 91]

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## IDEA OF THE MONTH

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## Satisfaction Guaranteed

by Vieno Johnson

ALTHOUGH more and more employers are putting more and more emphasis on "human relations," the subject has received but scant attention in the hospital field, the country's fifth largest industry.

True, there is wide agreement among hospital administrators about the merit of plans that make for better staff relationships. Generally speaking, however, this agreement hasn't taken very tangible form.

Why? Because (1) many administrators and nursing directors seem to have the mistaken notion that such plans require the hiring of a human relations expert—a luxury that few budgets can afford; and (2) too many still fall back on that ever-handy excuse: "If I only had the time . . . !"

Meanwhile, evidences of staff dissatisfaction continue to pile up. Anyone with an ear to the ground

repeatedly hears such caustic remarks as:

"The director of nursing doesn't know we exist. We get less attention than the equipment."

"We don't even get the pat on the back that a dog gets once in a while."

"Patients appreciate what we do. But not the supervisors."

"I've always liked nursing. But I'm getting tired of being pushed around."

Such griping is not the only evidence of poor human relations. It is common knowledge that the annual turnover rate among staff nurses runs as high as 100 per cent in some hospitals; that many are leaving the profession for other fields; and that others, now inactive, won't return to nursing because of the "bossy" attitude of over-critical department heads.

*[Continued on page 84]*



## Pioneering in Mental Hygiene for Children

HERE and there throughout the country, attempts are being made in progressive elementary schools to introduce mental hygiene into health education.

This movement, in my opinion, is all to the good—for two reasons: First, and more importantly, because children can and should be helped to understand the fears and frustrations that beset them so plentifully in growing up; and secondly, because the movement itself may open up a whole new field in which well-trained nurses can find still another outlet for their talents.

As a matter of fact, many elementary schools are unable at pres-

ent to offer such needed training because qualified teachers are not available. Most health teachers have been educated only in the aspects of physical health. Developing group study of emotional problems, and guiding individual children in the solution of such problems, must be left to more highly trained teachers. Schools of nursing with college-level programs would do well to give greater consideration to this teacher-need.

As a nurse interested in mental health, I was invited to pioneer a course on mental hygiene in a progressive elementary school. My experience in doing so—plus, per-

by Dorothy A. Barash



haps, the fact that I am the wife of a psychiatrist—has made me more keenly aware than ever of the need for such preventive programs among children.

The selection of textbooks and development of the course was left entirely to me. After considerable investigation, I decided to use Scott, Foresman and Company's "Health and Personal Development," a series of texts which offers an integrated program covering the physical, emotional, and social aspects of health education.

The series provides a separate manual for each grade; that is, for each developmental level in the

child's progress. The texts are colorfully illustrated and easy to read. They include chapters on anger, hate, and jealousy; learning to accept helpful criticism; necessity for a sense of humor; self-analysis in evaluating one's strengths and weaknesses; how to release emotional tensions in helpful ways; facing the realities of handicaps and unpleasant situations; physical health; food and nutrition; care and prevention of disease; structure and function of the body; and community health.

I chose to introduce the course at the fourth-grade level, carrying it subsequently through the eighth

grade. Each class has a one-hour session weekly. From the beginning, the children have responded enthusiastically. For my own part, I have found the work both inspiring and challenging, and my nursing background has proved to be a factor of utmost importance in providing the necessary instruction and guidance.

My teaching method is group discussion. This meets the need which boys and girls have of "talking things out," and enables them to participate in reaching decisions. Discussions are based on problems presented in the texts in story form or cartoon sequences. These "case examples" portray children with typical childhood problems. After the pupils have read the textbook presentation, the class discusses the solutions that are given in the case examples.

Thus the stage is set for boys and girls to compare the problems under study with their own, to express their own ideas, and to tell of their own similar experiences. They learn from each other as well as from the text, and are enabled to reach rational decisions which are personally helpful.

Children can be guided to think things out for themselves. They want to reduce the tensions in their daily lives; to learn how to get along better with brothers and sisters, and how to make friends. Objective discussion helps them in these and other matters.

Every few months, we have a special kind of discussion. The chil-

dren are invited to submit on slips of paper the problems which bother them most. Without divulging the identity of any pupil, we then devote an entire period to a discussion of these notes.

Most children will freely discuss their problems in front of their classmates, apparently deriving support from the knowledge that others among them have the same problems. Some, of course, are reluctant to do this; so, for those who feel that their problems are too personal for open discussion, private conferences are arranged.

These conferences are evidence of the children's faith in the course and their urgent desire for help in overcoming frustrations. Some of the burdens these children bear are of adult proportions, emotion-wise—and similar, I am sure, to those which would be found among school children anywhere. It is highly important that such burdens be lessened wherever possible; for it is well known that childhood problems which go unresolved may lead to neurotic symptoms—or worse—in later life.

Whenever I discover a child with deeply rooted emotional disturbances, referral is made (through the parents) to a psychiatric consultant. In two such instances, the parents were not aware of the severity of the problems; but they were most appreciative when informed, and cooperative in seeking professional counsel.

One boy of nine was terrified by constant nightmares and a long-

standing enuresis. His school grades were poor, his relationship with classmates withdrawn and unsatisfactory. He had always been a quiet, obedient child; hence his parents and teachers assumed that he was merely slow to learn. He came to me about his nightmares, saying he wished he could stop them. It wasn't until our third conference, while I was helping him to recognize his dreams as symptoms of inner tension and conflict, that he mentioned the bed-wetting and how desperately afraid he was of being too friendly with other boys lest they find out about it. I realized that he needed psychotherapy, and suggested to his par-

ents that he be taken to a child guidance clinic.

The other referral, a 10-year-old girl, had an unnatural fear of the dark. She couldn't tolerate being alone at night. Even when her parents or older brothers were in the house, she had to have someone in the same room with her, whether she was abed, studying, or watching a television program. She also confessed that she sucked her thumb constantly at home, and was afraid that she might unconsciously do so at school. Several years back, she had managed to substitute nail-biting in school for the thumb-sucking at home. Her parents had punished and ridiculed her, never

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## DENTAL AIDS



SCHOOL NURSES concerned with the development of good dental health habits in children may avail themselves of a new free-of-charge set of teaching aids prepared by Bristol-Myers. Four separate aids are included in the unit: (1) an illustrated wall chart, lithographed in full color; (2) a six-page "pupil's workbook," designed to make toothbrushing less irksome for 6-to-12-year-olds; (3) a four-page teacher's manual, with suggestions for teaching dental health in the kindergarten and through Grade 6; and (4) a three-dimensional cardboard model of the teeth.

Also available at moderate cost are junior-size and regular-size brush kits, each containing a nylon toothbrush and a guest-size tube of Ipana toothpaste. Sold in lots of twenty, the junior kits cost \$2 a lot, the regular kits \$3 a lot.

Further information may be obtained from the Educational Service Department IP, Bristol-Myers Company, 45 Rockefeller Plaza, New York 20, N.Y.

dreaming that her actions were symptoms of emotional disturbance.

The problems brought up for class discussion are practically universal at each age level. Some are common to all ages—such as family friction, the desire to be popular and appreciated, anxieties about weight and height, worries about passing exams, and the yearning to excel in sports and dramatics.

Many children have irrational

fears about physical ailments and symptoms which mystify them. These fears can often be allayed by class instruction dealing with the body's functions and the treatment and prevention of disease. Here, my nursing education has been of inestimable value.

For example, when a 7th grade boy had an appendectomy, I could readily answer the questions his

[Continued on page 96]



## Help for the Handicapped

FOUR BASIC GUIDES to methods of community care for handicapped children were published recently by the American Public Health Association. Major theme of all four is how to build a pattern of special services by making maximum use of existing community facilities.

One, "Services for Handicapped Children," deals with problems common to various handicapping conditions. The others, "Cerebral Palsy," "Cleft Lip and Cleft Palate," and "Dento-Facial Handicaps" explain how existing services can be organized to aid children with these specific conditions.

Among other things, the guides show how service standards have

changed as research has opened new techniques of treatment and methods of prevention; how children who need services may be found; and how diagnosis, treatment, and guidance may be provided. Appendices include a check-list of questions to be used in program evaluation, check-list charts of services and inter-agency relationships, sample procedures in a diagnostic clinic, and qualifications for specific specialists and consultants.

Cost of the guides is \$1.50 each, \$5.10 for the set of four. Orders should be sent to the Committee on Child Health, American Public Health Association, 1790 Broadway, New York 19, N.Y.

**NEWS** Pending further investigation of the Soviet-developed Margulis-Schubladze vaccine for multiple sclerosis, the Food and Drug Administration has reportedly barred U.S. importation of the drug. According to clinicians here and in Sweden, the vaccine is of questionable value and might be harmful.

**NEWS** Omnibus health bill S.3953, passed by Congress just before adjournment July 27, provides for, among other things, (1) \$2,050,000 in grants to approved nursing schools for advanced training of professional nurses; (2) \$1,040,000 in grants to individuals and/or institutions for graduate training of professional public health personnel; and (3) \$2,000,000 in grants to states for vocational training of practical nurses and other auxiliary health workers. The grants are to be administered through the Department of Health, Education, and Welfare, which moved speedily last month to get all three programs under way for fall semester openings. Some 500 traineeships are to be available in the professional nurse category in the 1956-57 period—with hospitals being asked to grant leaves of absence to supervisory-level nurses and teachers seeking traineeships to improve their status. In the public health category, 250 traineeships are to be available, with the program, like that for professional nurses, to continue for a three-year span. Grants to the states for prac-

## NEWS CAPSULES



tical nurse training are to continue for four years and require the states to put up three dollars for each dollar of federal aid granted. R.N. instructors in schools of practical nursing will receive a large share of the total outlay in the form of salaries. At last report, newly appointed PHS surgeon general, Dr. Leroy E. Burney, had notified fifty-four university schools of nursing and schools of public health of funds available for R.N. traineeships.

**NEWS** Enacted into law last month were the following changes in the Social Security program: (1) Increased payroll taxes (effective Jan. 1) of one-fourth of one per cent each on employers and employees, and three-eighths of one per cent on the self-employed, to finance payment of full retirement benefits (beginning next July) to totally disabled workers at age 50; (2) lowering of the retirement age for women from 65 to 62—with monthly benefits (beginning in December) payable at the full retirement rate to widows, at 80 per cent of the full rate to working women, and at 75 per cent of the full rate to wives of retired workers; (3) coverage (retroactive to

last Jan. 1) of such self-employed persons as dentists, osteopaths, chiropractors, and veterinarians—but not physicians; (4) an increase in federal grants to the states for medical care of the needy and for added monthly allowances, ranging from \$2 to \$4 per individual, to the aged, blind, totally disabled, and dependent children.

**NEWS** A new law in Massachusetts provides that students who leave professional nursing schools after successfully completing the first two years of their course are eligible for licensure as practical nurses.

**NEWS** House Commerce Subcommittee on Health and Science, which recently vetoed the Bolton bill, H.J. Res. 485, and approved S. 3958 providing nursing traineeships, is reportedly launching a series of hearings this fall on ways and means of increasing the number of health personnel and making medical care services available to more people. Technical experts will participate in the hearings which will be in the form of panel discussions.

**NEWS** Newly enacted legislation will enable some 3,000,000 dependents of servicemen to obtain care from civilian hospitals and doctors under group health insurance plans contracted for by the Defense Department. Previously, such dependents were eligible for medical-hospital care only at mil-

itary establishments. Details of the program are reportedly being worked out by a Pentagon-appointed council.

**NEWS** Three-week seminars in physical rehabilitation methods for nurses are offered by New York University-Bellevue Medical Center, Institute of Physical Medicine and Rehabilitation during these periods: Oct. 22-Nov. 9, 1956; Jan. 7-Jan. 25, 1957; and March 25-April 12, 1957. Applications and requests for information should be sent to Mrs. Edith Buchwald Lawton, Director of Rehabilitation Courses for Physical Therapists, Institute of Physical Medicine and Rehabilitation, 400 East 34th St., New York 16, N.Y.

**NEWS** Nursery school children can now be insured against illness or accident occurring on the way to or from school and in school, according to a report of a recent meeting of the New Jersey Association for Nursery Education.

**NEWS** Contending that "Patients are constantly falling from beds, slipping in tubs or showers, sliding from wheel chairs and walkers, toppling over going to or from toilets, and wandering disoriented," Robert A. Hooper, assistant director of Long Island College Hospital, Brooklyn, N. Y., suggested recently at the annual convention of the Greater New York Safety Council that many such unreported

*[Continued on page 98]*



Photo: Ora M. Green, Outdoor Photographers League

## Horse Ambulance

PACK-TRAIN operators in the mountainous Far West are grateful to one of their number, Californian Elmer Jansen of the June Lake area, for his ingenuity in designing the pack-horse litter shown here. Previously faced with serious risks in getting an injured or ailing sportsman back to civilization, they now have a relatively safe means of transporting such a person to the nearest doctor. A well-padded carryall, strapped to the pack-horse's back, enables the patient to lie supine instead of being forced to sit erect in a saddle over miles of treacherous trails. Built by a local blacksmith, the litter was first used to carry a youth, suddenly stricken with appendicitis, six miles over rough terrain.—ORA M. GREEN

# Dietetic Canned Foods



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American Can Company has issued a free guide to good eating for patients on diabetic, low-sodium and low-calorie diets. This unique booklet, called *So You're On a Diet*, contains a wealth of helpful information for your dieting patients.

Meal plans have been carefully calculated by hospital dietitians, home economists and members of the American Can Company's scientific staff.

*So You're On a Diet* tells your patient how to plan interesting, properly balanced meals in accordance with his dietary needs, whether he eats at home, carries a lunch or orders food in a restaurant.

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## EDITORIAL

[Continued from page 35]

a circumscribed way of life aren't among these. The physical, emotional, and spiritual burdens that most nurses carry throughout their professional lives can only be managed by the strong and well-adjusted. Unfortunately, nurses are members of a humanitarian profession which has heretofore demonstrated that it has little humaneness left over to share with its own. Troubled nurses too often must walk alone . . . and the weak succumb to their troubles.

Granted, relief monies have been available to needy nurses whose pride will permit them to request financial assistance. But for too many, it hasn't been money that has been needed.

Is not the syndrome of physical fatigue, over-empathy, professional disillusionment, and proximity to habit-forming drugs directly related to nursing services? Mental and emotional breakdowns may be more difficult to attribute to the rigors of nursing than are the physical ones, but there is hardly a nurse who can't repeat an incident illustrating nurses' and administrators' inhumanity to nurses. Over-taxed energies, varicosities, broken-down arches, sprained backs all take their toll eventually, but so do crushed spirits and broken hearts. And too often it is too late for us to say: How heavy your burden; come, let us help you lighten it.

The ability to stand up to life is

an individual matter, but it leaves the personal realm and becomes a concern of the profession when a nurse's emotional and psychological instability affects patient care.

One example of troubled nurses and a troubled profession is the increasing rate of drug addiction. It doesn't take great deductive powers to see the correlation between drug addiction and a high suicide rate.

How is the profession handling this very real problem—and the troubled nurses involved? Members of state boards of nursing are scurrying to put teeth into the nurse practice acts so that these *misfits* can be removed from nursing. Removed where?

I can still hear the young nurse (young in age but old in wisdom), as she spoke in the tremulo, this-mike-scares-me-to-death voice before an SNA house of delegates. A special state-board report on drug addiction among nurses in that particular state had just been presented. Talk of giving the state board more cooperation and police power had aroused the delegates to the seriousness of the problem. Suddenly the question came, "But what can we do *for* the nurse after we have proof? Has our state any plans for rehabilitation?"

Nursing needs a chorus of voices echoing hers. When we change our present attitude of castigation to one of rehabilitation it is then that we can change the shocking statistics that should make us collectively ashamed.

—ALICE R. CLARKE, EDITOR

a special page for nurses  
from Eaton Laboratories  
Medical Director's Notebook

Paul F. MacLeod, M.D.  
Medical Director



## Nurse's knack gets medicine down but not out!

When physicians prescribe FURADANTIN® (brand of nitrofurantoin) for urinary tract infections, you may expect a low incidence of nausea and emesis in susceptible persons.

A few physicians have stated in the past that FURADANTIN Oral Suspension produces nausea in some children. It reminded me of what I had

learned as an intern —when you have a problem with administration of drugs, an experienced nurse can be most helpful.

The chief nurse of a pediatric ward

in a Brooklyn hospital provided one answer. She never encountered vomiting or nausea on administering FURADANTIN Oral Suspension to children. Her technic is to mix each teaspoonful of the Suspension with two teaspoonsfuls of water containing saccharin  $\frac{1}{8}$  grain.

Should nausea occur, slight dosage reduction is often beneficial. Incidentally, a brownish discoloration of urine during therapy is normal. Sensitization, however, is rare.

If you would like additional information on FURADANTIN, I will be glad to send it to you on request.

EATON LABORATORIES



NORWICH, NEW YORK

## OUT OF THE SHADOWS

[Continued from page 42]

mates—using, of course, Braille textbooks instead of the usual ones and Braille writing tools instead of pencil and paper.

As the accompanying pictures of Mickey and his classmates show, the blind child participates in the regular school activities, including playground gymnastics. If he shows an aptitude for music, he may learn to play an instrument, and is given an opportunity to join the school band. In short, he lives in the close-to-normal environment which many child psychologists now advocate for all handicapped youngsters.

The second outstanding advantage of the program is the fact that the child is able to live at home. In Mickey's case, this has been of inestimable benefit, according to Mrs. Boyle; for not only has he been helped by parental guidance but also by the companionship of his 11-year-old sister Leslie and his six-year-old brother Jimmy.

The San Leandro authorities have wisely adhered to sound policies in appointing both an admissions committee and five special advisors—including a consulting ophthalmologist and a representative of the county health department. Thus the program which Mrs. Boyle did so much to inspire appears at this writing to be well worth the interest of all concerned with the education of our sightless young.

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# If you could advise mothers-to-be about relief for **HEARTBURN**



Frankly, we believe you'd suggest CHOOZ...especially if you could read the letters that many grateful new mothers write us about this dependable chewing-gum antacid.

For example, Mrs. T. M. Buckley, Englewood, N. J., writes: "During my third pregnancy, I dreaded the heartburn that I knew would come—but CHOOZ introduced me to wonderful relief. CHOOZ is a refreshing and effective aid for relieving this discomfort of childbearing."

Minty chewing-gum CHOOZ is entirely safe in usual dosage during pregnancy. Its two medically approved antacid ingredients start to neutralize excess stomach acid in seconds. And chewing CHOOZ stimulates saliva flow, thus increasing and prolonging the antacid benefits. CHOOZ contains no soda. Try it yourself, next time you need antacid relief.

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Please send me, *free*, a generous trial supply of antacid chewing gum, CHOOZ.

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#### CANDID COMMENTS

[Continued from page 46]

forts to meet the challenge, we dare not become so preoccupied with science, efficiency, professionalism that we forget even for a moment the spiritual basis of nursing.

It is the spirit of the group that holds it together, and the group spirit is but the sum total of what lies in each of us. In the long run, it is what we as individual nurses hold dear that will prevail. One of our greatest leaders, M. Adelaide Nutting, expressed it this way: "The debt which I owe to our profession cannot yet be measured, but these are some of the things it has done for me. It first opened my eyes a little to the real things of life; it built up within me certain ideals of service to others and showed me ways of putting them into effective and useful work. It set free such energies as I possessed, and it revealed to me in an entirely new way the purpose of self-discipline and the need for it in life. It gave me the best and most enduring friendships I ever had."

HOME care for chronically ill indigents is being tested in San Francisco, where federal and private grants are financing a two-year pilot program. It is estimated that medical, nursing, and auxiliary services can be given in the home at about one-fourth the cost of similar care in the hospital.

*An Ideal Antacid-Laxative*



## INIMITABLE...

Quality and demonstrated dependability for over three-quarters of a century... consistently and universally accepted above all others...the prestige of Phillips' Milk of Magnesia may be measured by the overwhelming majority of those who prescribe it...the medical profession.



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## Patients you have known



### THE TELEPHONE BELLE

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Not if she drinks Instant Sanka Coffee. Because Instant Sanka has 97% of the caffeine taken out. Won't bother nerves a bit . . . or make you lose sleep.

Instant Sanka is all pure coffee . . . delicious, satisfying coffee—a product of General Foods.

## STORM WARNINGS

[Continued from page 48]

generally occurs if high dosage has been used for long periods. The usual psychic response is a moderate increase in a sense of well-being accompanied by increased psychomotor activity. Premonitory symptoms of psychotic reactions are severe insomnia and extreme swings of mood.

In the movie, the patient becomes a cortisone "addict." Suffering a period of depression his first night home from the hospital, he tries to overcome his depressed feeling by taking several cortisone tablets. From then on, under the influence of overdosage, he departs abruptly from his ordinary course of conventional behavior.

Whether addiction is a menace in cortisone therapy is questionable and, in fact, did not figure in the case reported in *The New Yorker*. In that instance, the patient's high dosage was legitimately prescribed by his physician. Probably in the film version, the patient's personality contributes more to addiction than the drug itself. The fact that the person receiving cortisone was an overworked, underpaid school teacher with a fatal disease, should have been taken into account by his doctor. However, it is pertinent to note that if the doctor (who is a Hollywood prototype, as are the nurses and pharmacist) had exercised the proper amount of prudence, there would have been no plot!



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## FINLAND

[Continued from page 52]

The other group, the Finnish Nurses Association, founded in 1898, has a Swedish-Finnish membership numbering about 1,800. Nurses who belong to special groups (there are several of these working for special interests) are also members of either the League or the FNA.

Nursing and social service are more closely allied in Finland than in America. There, for example, a social worker in a state hospital is required to be a graduate nurse and, in addition, to have had post-graduate training in such subjects as public health, sociology, psychology, mental hygiene, social case work, public welfare, and group research. At present, the country has a great need for social workers; in many cases, district nurses are doing the work of welfare investigators.

Like ourselves, the Finns are highly education-conscious. In the nursing field, this interest is reflected especially in the training offered by the College of Postbasic Studies. This includes frequent refresher courses for public health nurses and a two-year graduate program of advanced study. The first-year curriculum gives a nurse her choice of preparation in (a) clinical nursing plus ward management; (b) public health nursing; or (c) medical social work. The second year—which does not follow immediately, since students

are expected to gain more experience before continuing their studies—offers a choice of two courses: one in nursing education, the other in supervision and administration—both courses affording a further choice between clinical nursing and public health work. This graduate program includes special emphasis on psychology, psychiatry, and sociology.

In recent years, Finnish nurses have attended meetings of the World Health Organization, taken part in various other international gatherings, and benefited by visits of nursing leaders from this country, England, Scandinavia, Switzerland, India, and elsewhere.

It's a sobering experience to stand on the roof-garden of the Helsinki college and realize how close one is to the air-arm of Soviet Russia. But it adds to one's admiration for the little republic, which is determined to do everything possible for the health and welfare of her people, regardless of whatever terrors the future may hold.

---

*LITTLE GIRLS who like to play nurse will be thrilled with the latest invention in the toy field: a doll that can run a fever, become flush-faced, and register a temperature of 103° on a toy thermometer. The symptoms, induced by pressing a lever, can be cleared up by releasing it—a feat that should give Little Sister a B.S. in Nursing from Push-Button University.*



For the well-being  
of your patients

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during menstruation.  
Three absorbencies.

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**restores** Normal Contour  
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City..... Zone..... State..... R.N.

## IDEA OF THE MONTH

[Continued from page 65]

Obviously, no cure-all is available to remedy matters overnight. Yet there is a simple means by which nursing directors and their staff assistants can improve human relations—without cost and with very little effort:

*Declare a moratorium on criticism for thirty days.*

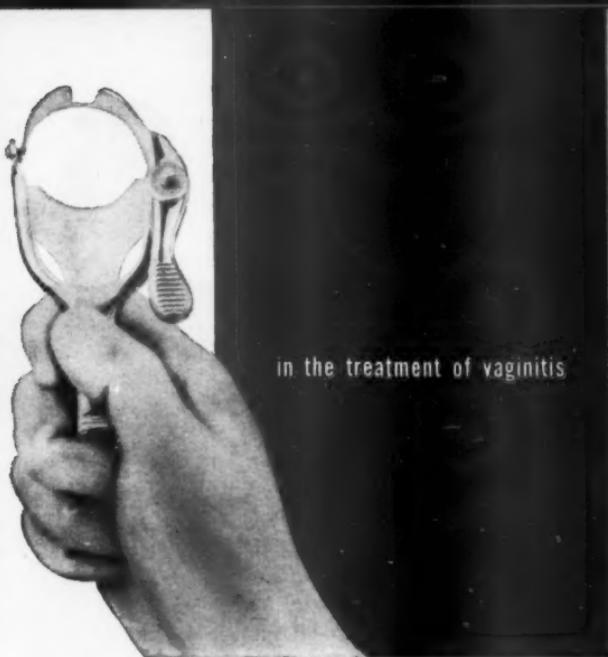
Instead of finding fault with those subject to your authority, start commanding them.

Single out three people every day, and tell them what a good job they're doing.

No patient's life will be endangered by such a policy. The hospital won't collapse because you've suddenly discovered that the principle upon which all human relations is based is nothing more or less than a variant of the age-old saying: "You can catch more flies with sugar than you can with vinegar."

THE ECONOMIC NEEDS of older people are highlighted in the findings of a major study made public recently by the Twentieth Century Fund. Among other things, the study showed that more than 75 per cent of those over 65 either have no income at all or less than \$1,000 a year; about 67 per cent receive neither Social Security nor retirement income of any kind; and only about 33 per cent either work themselves or have husbands who work.

AN ADVANCE



### new... simple... effective... topical therapy

**Clinical evidence** shows Sterisil Vaginal Gel to be highly effective not only against Trichomonas and Monilia, but against the newly discovered pathogen *Hemophilus vaginalis* (now believed to be the etiologic organism most frequently responsible for so-called "non-specific" vaginitis and leukorrhea).\*

**High tissue affinity** of Sterisil assures prolonged antiseptic action; vaginal secretions are less likely to remove Sterisil from the site of application. Sterisil is also more convenient for the patient. Fewer applications are required for successful treatment.

**Acceptable to patients,** Sterisil Vaginal Gel is easily applied, won't leak or stain, requires no pad. Signs of local or systemic toxicity or sensitization have not been reported.

**Dosage:** One application every other night until a total of 6 has been reached. This treatment may be repeated if necessary.

**Supplied** in 1½ oz. tube with 6 disposable applicators. Instructions for use are included with each package.

\*Gardner, H. L., and Dukes, C. D.: Am. J. Obst. & Gynec. 69:962 (May) 1955.

# STERISIL® VAGINAL GEL

Brand of hexetidine

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and deliciously  
sweet . . .

# SWEETA

Made by SQUIBB...  
one or two drops  
make coffee or tea  
deliciously sweet. In  
purse-size, squeeze-a-  
drop bottle or two-way  
home economy size.

## MULTIPLE SCLEROSIS

[Continued from page 57]

To overcome the danger of severe side effects, other methods of histamine administration have been devised. One of these is histamine iontophoresis, a technique in which the drug is driven into the skin by a galvanic current, forming depots from which it is gradually absorbed. Administration of repository suspensions into the muscles is also said to have similar advantages—prolonged effectiveness and fewer side effects.

In still another type of treatment, Dicumarol and other anticoagulant agents are given for long periods. This therapy is based on evidence of an abnormal blood-clotting mechanism in multiple sclerosis patients. Such an abnormality could cause blood clots in cerebral vessels, blocking off the circulation to cells in some areas and resulting finally in sclerotic lesions. Here, too, unfortunately, the benefits claimed for the treatment often appear to be outweighed by the danger of drug overdosage.

Despite the enthusiasm with which certain drugs have been hailed, no drug has yet gained general acceptance as an agent capable of specifically preventing or reversing the primary lesions of multiple sclerosis. Recent reports concerning the effectiveness of cortisone and corticotropin (ACTH) and of the anti-tuberculosis agent, isoniazid, raised hopes; but in each case, carefully controlled studies

showed these drugs to be of no real benefit in altering the course of the condition. Apparently, the initially hopeful results were due in large part to spontaneous remissions and the characteristically optimistic emotional response of multiple sclerosis patients to a new form of treatment.

The lack of success in treating multiple sclerosis should not be discouraging. While drugs may not be able to arrest the disease, much may be done to make the patient comfortable. Skillful nursing often plays a vital part in the successful management and rehabilitation of the multiple sclerosis patient.

While a psychiatrist may be needed to relieve deep-seated anxiety and tension, a cheerful and understanding nurse can often do a great deal to reassure and encourage the average patient. A hopeful, healthy outlook may modify the course of the disease favorably; on the other hand, emotional disturbances can retard progress and even bring about new attacks.

Nurses can help relieve the painful and disabling muscular spasticity that so often incapacitates these patients by giving massage, hot packs, and warm baths to relax contractures and spasm. Special exercises strengthen muscles, maintain coordination, and prevent deformities. Muscle-relaxing drugs, such as curare and mephenesin, may also be used, though they are neither as safe nor dependable as physical therapy.

Bowel and bladder dysfunction

poses a serious problem, for urinary retention may lead to infection, and incontinence predisposes the patient to bed sores unless he is kept clean and dry. However, rehabilitatory training and the judicious use of drugs help to improve these functions and prevent complications. In urinary retention, autonomic drugs such as atropine may relax smooth muscle spasm; antibiotics and chemotherapeutic agents are used to counteract infections which seem to cause relapses.

General hygienic measures are also important in preventing attacks. While the usefulness of massive doses of vitamins has been questioned, and the recently recommended low fat regimen is controversial, it is agreed that maintenance of adequate nutrition is essential. To guard against excessive exposure to cold some authorities

suggest that patients move from cold, damp climates to warmer areas. While there is little evidence that this will influence the course of the disease, studies have shown that the incidence is much higher in Canada and the northern U.S. than in the South.

While we still know little about the cause or cure of multiple sclerosis, much may be done to maintain patients' morale and minimize the extent of their disabilities. Recent reports indicate that most of those afflicted live for many years after the onset of the disease, and, with proper medical management and skilled nursing care, often lead a socially useful and personally satisfying life. Hopes are high, also, that research, now under way, may provide clues leading to the complete conquest of this mysterious nervous disease.

---

**HYPNOSIS**—age-old but still as scientifically inexplicable as electricity—is again arousing widespread interest, not only among a sensation-seeking public that cottons onto such best-sellers as the recent *Bridey Murphy* story but, more importantly, in medical circles. Reports in professional journals, as well as papers presented at medical meetings, indicate that hypnotherapy—in addition to its psychiatric applications—has a place in such dissimilar functions as oral surgery, relief of pain in childbirth, and the treatment of severe burns.

Of special interest is its use in a multiple sclerosis case reported by Drs. Milton V. Kline and Arthur Shapiro of Long Island University. The patient, unable to walk without using a cane, proved able—under hypnosis—to discard the cane and walk freely. Had the same result been accomplished after the experimental use of a new drug, the drug would unquestionably have been given undue credit for the patient's improvement—which actually was brought about by his own changed attitude. Thus, hypnosis may also have a place in the evaluation of pharmacological developments.



## *from coast to coast...* Adolescents need help to avoid vitamin C deficiency

*Typical reports from nutritional surveys show:*

Among 780 junior high school students in Maine, two-thirds of the boys and one-half of the girls eat diets deficient in vitamin C.<sup>1</sup>

Teen-age boys in Iowa neglect foods rich in vitamin C while girls stint on all foods to keep fashionably slim.<sup>2</sup>

Daily meals of students in four colleges of the Pacific Northwest provide inadequate vitamin C more than 60% of the time.<sup>3</sup>

### *The 'Citrus Snack' vs. 'Empty Calories'*

The taste appeal of the 'citrus snack'<sup>4</sup> makes this a simple, satisfactory way to help compensate for the nutritional deficits of teen-age meals which are too often of "the hot-dog, soft-drink, candybar type."<sup>5</sup>

*Teen-age Acne Problems* may be a manifestation of inadequate vitamin C intake, and excellent results have been reported by correcting this deficit.<sup>5</sup>

**Florida Citrus Commission**  
Lakeland, Florida



**FLORIDA** *Citrus*

ORANGES • GRAPEFRUIT • TANGERINES

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2. Eppright, E., et al.: Fed. Proc. 11:442, 1952.
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6. Young, C. M., et al.: J. Am. Dietet. A. 27:289, 1951.

HERE'S WHY SO MANY NURSES  
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# VICEROY

Microscopic analysis  
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Viceroy tip has...

20,000  
FILTERS



## Twice as Many Filters

AS THE OTHER TWO LARGEST-SELLING FILTER BRANDS

For the Smoothest Taste  
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**COMPARE!**

HOW MANY FILTERS IN YOUR FILTER  
TIP? (REMEMBER—THE MORE FILTERS  
THE SMOOTHER THE TASTE!)



Viceroy's exclusive filter is made from  
pure cellulose—soft, snow-white, natural!



## NUTRITIONAL DILEMMA

[Continued from page 64]

coholics; (6) food faddists; (7) those too emotionally upset to eat; (8) those forced to live in institutions where the food is unappetizing or inadequate; and (9) those who avoid foods that someone has warned them against.

Because many ulcer victims develop mild scurvy on the classic ulcer diet of milk and cereal, some doctors now recommend a protective glass of orange juice daily.

People low on vitamin C may suffer from gingivitis, excessive menstrual flow, womb-bleeding in pregnancy, skin disorders, easy bruising, and bloodshot eyes. The vitamin C-starved have trouble healing wounds, and the scar tissue is less sturdy.

In children, a lack of vitamin C slows the growth of bones and teeth; in adults, it makes bones easier to break and harder to heal. Low vitamin C counts frequently turn up in people fighting infectious diseases, fevers, strokes, heart attacks, and postoperative shock.

Vitamin C helps form the hormone adrenaline, helps break down amino acid tyrosine, and promotes absorption of iron in the body. Its absorption can be determined by measuring how much of a known daily intake is excreted in the urine. In sickness or stress, the body may absorb much more vitamin C than is needed in health.

Creation of a new human being takes a lot of vitamin C. An em-

**dramatically new!**  
**for: acne,**  
**atopic eczema,**  
**seborrheic keratosis,**  
**follicularis,**  
**and the dry, rough,**  
**scaly older skin**

# aquasol A

cream

... with panthoederm

high potency vitamin A plus pantothenyl® (2% pantothenylol) in a special highly absorptive water-miscible base

anti-keratotic  
antipruritic  
healing aid

Saturates hyperkeratotic lesions with vitamin A for rapid aid in reducing scaling, roughness and dryness. Pantothenylol provides prompt, effective relief from itching; soothes and promotes healing.

each ounce of Aquasol A Cream provides:  
Vitamin A . . . . . 200,000 U.S.P.  
Pantothenylol (analog of pantothenic acid) . 2%  
in a water-miscible, highly absorptive base.  
White, pleasantly scented, highly aesthetic. In  
1 oz. tubes.

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A. Finely stitched back zippered sheath with raglan sleeves and waist-curving set-in belt. Peg side pockets; wing-away collar; cuffed sleeves. White only. Sizes 8-18. SANFORIZED POPLIN, Style 0403, \$7.98. Dacron TAFFETA, Style 0404, \$12.98.

B. Tucks tower from the set-in belt to the 3 pearl buttons under that winging collar! Deep side pockets, side gripper closing. White only. Size 8-18, 9-15; tall sizes 12-18. SANFORIZED POPLIN, style 410—3/4 sleeves or style 0410—short sleeves, \$6.98. NYLON TAFFETA; style 411—3/4 sleeves or 411—short sleeves, \$9.98.

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Please rush the following:

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bryo increases in weight 1,000 times during its first twenty-two weeks, and seven times thereafter until birth. (The need for this vitamin is greatest in the early stage of pregnancy.) After birth, a baby doubles its weight in the first six months, trebles it in the first year.

Mass studies prove that well-nourished expectant mothers are less likely to be affected by toxemia of pregnancy than those suffering from vitamin and other nutrient deficiencies, and that the rate of attack can be reduced by diet improvement during pregnancy.

Pregnant women on poor diets account for more than their share of stillbirths and malformed and premature babies.

Scurvy in infants is most common between the ages of six months and two years. Breast-fed newborns protect themselves by sharing the mother's stock; if the mother is well-nourished, all goes well. As much as 25 to 50 mg. of ascorbic acid a day is secreted in mother's milk, an amount which parallels the baby's need.

Cows' milk has little vitamin C—perhaps because calves supply their own. (Babies, like other humans, are dependent for their supply.) But cows' milk has more protein than human milk. In order to utilize protein foods, the stomach and intestines break them down into the chemically simpler amino acids. These, in turn, are then taken apart and rebuilt into human tissue. Ascorbic acid is needed to make use of tyrosine, an important

# DOES THE Skin Ointment YOU USE MATCH THIS CHECK LIST



Does it, like Hollandex, have...

Cod Liver Oil

Silicone

Antibiotic

Vitamins A & D

Antiseptic

Immediate relief and healing effects

Is it effective for

Diaper Rash

Sunburn

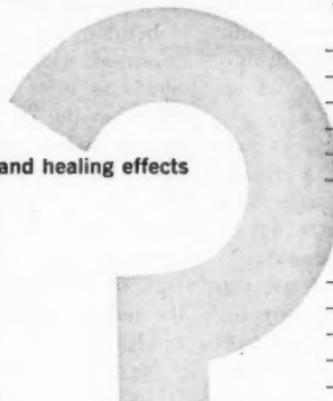
Prickly heat

Rectal Itching

Insect Bites

Chafed Buttocks

All ages



Yes	No
✓	—
✓	✓
—	—
✓	—
✓	—
✓	—
✓	—
✓	—

Yes	No
✓	—
✓	—
✓	—
✓	—
✓	—
✓	—
✓	—
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If the ointment you presently use matches this check list...  
chances are you're using HOLLANDEX.

If not... chances are you should.



CONTAINS: SILICONES (dimethylpolysiloxane), NORWEGIAN COD-LIVER OIL, ZINC OXIDE, HEXACHLOROPHENE, IMPROVED LANOLIN.

amino acid. When vitamin C is lacking, partially metabolized products of tyrosine are excreted, making the urine dark. For this reason, an exclusive diet of cows' milk may not be as nourishing to babies as an exclusive diet of mother's milk.

In 1912, when pasteurization first became widespread, physicians began to report what looked like a severe form of rickets in infants. Further study proved that the bone deformities were actually caused by scurvy. In pasteurizing milk, the early sanitarians unwittingly destroyed the only source of ascorbic acid then available to bottle-fed babies. The defect is now remedied by giving small quantities of orange juice, progressing from a teaspoon or two a day at two weeks to an ounce or more.

Extra ascorbic acid is particularly important for premature babies because they need more protein to make up full-term weight. Also, they are more dependent than full-term babies on calcium and phosphorus utilization (in which ascorbic acid assists).

We now know that the mother's

diet during pregnancy is one of the most important controllable factors in laying the groundwork for the healthy development of the child's teeth, both "milk" and permanent. The effect of avitaminosis C on a baby's teeth is one of the few lesions of scurvy that cannot be reversed later on. A lack of vitamin C will slow tooth growth and, through its effect on capillaries, make gums so spongy that they do not hold teeth firmly in place.

Scurvy has been consistently confused with rickets because it seems to have the same warping effect on the growth of children's bones. X-ray examination, however, has provided a means of clearing up this confusion. Rickets more often affects older children and even adults. In infants, the first sign of clinical scurvy is usually the baby's wincing when his legs are lifted to change a diaper.

Next to mother's milk, citrus fruits are the preferred source of ascorbic acid for babies. Besides providing vitamin C, orange juice supplies calcium, phosphorus, iron, and other vitamins.

---

## ***"Nurse! Oh, please do something for this awful itching!"***

When a patient cries out for relief from the itching or burning torment of dry eczema, simple rectal or vulval irritation or chafing—many nurses rely on soothing Resinol Ointment.

May we send you a convincing sample? Write Resinol, RN-52, Baltimore 1, Md.

1 1/4 ounce and  
3 1/4 ounce jars

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**TOPICAL OINTMENT**

*Each gram contains:*  
Delta-1-hydrocortisone  
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Neomycin sulfate  
5 mg.  
(equiv. to 3.5 mg. neomycin  
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0.2 mg.  
Butyl-p-hydroxybenzoate  
1.8 mg.

*Supplied:* 5-gram tubes

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*Each gram contains:*  
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5 mg.  
(equiv. to 3.5 mg. neomycin  
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OLONE ACETATE WITH NEOMYCIN SULFATE.

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**Delta-Cortef\***  
**for inflammation,**  
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# mucosity

(excessive mucous discharge from body membranes)

often causing

CATARRH  
POST-NASAL DRIP  
GENITAL DISTRESS  
"DENTURE ODOR"  
"BAD BREATH"

may be controlled with



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an alkaline cleansing solution  
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When excessive, sticky, mucous secretions harass the Oral or Genital passages, a rinse, spray or douche with soothing Glyco-Thymoline helps amazingly. Glyco-Thymoline does not contain non-proved germicidal agents. It works differently:

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## MENTAL HYGIENE

[Continued from page 70]

anxious classmates asked about his illness and operation. I am sure they will not soon forget our blackboard drawings of what an appendix looks like, its location, and how the surgeon carefully goes about its removal. That session made such an impression that requests came from the other grades for similar instruction.

It turned out that several youngsters had had their appendices removed and were vague about what had been done to them. One lad thought that part of his kidney had been removed, while another was under the impression that his stomach had been obstructed. Needless to say, their minds were greatly eased by a clear explanation.

A properly qualified nurse may be the best possible teacher to conduct an integrated course in mental hygiene for children. And in such a role her contribution to the cause of preventive medicine can be of incalculable value.

HEALTH CLASSES stressing the dangers of venereal disease, narcotic addiction, and alcoholism are conducted weekly in Chicago's public high schools in accordance with the educational requirements of Illinois. Instruction is given separately to boys and girls throughout the four-year course. The program, begun about a decade ago, is said to have been an important factor in controlling syphilis.

## eliminate needless surface pain



The topical pain of many routine office procedures can be avoided or relieved, and the patient spared unnecessary distress, by the simple application of soothing Nupercainal. And for abrasions, minor burns, and other skin irritations and trauma, Nupercainal brings quick, lasting relief.

■ Nupercainal is available as Ointment, 1%, Cream, 0.5%, and Ophthalmic Ointment, 0.5%. The Cream is preferred for use on moist, weeping lesions. It is nongreasy and will not stain, washes off easily... The Ointment is better for encrusted skin conditions because of its softening lanolin and petrolatum base.

■ Nupercainal is made only by CIBA, whose international reputation embodies a half century of service and research in pharmaceuticals. Available at all drug counters, you can recommend it with assurance.

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*topical anesthetic for obstetrics • ophthalmology • proctology*

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Division

## NEWS

[Continued from page 72]

hospital accidents could be avoided by closer supervision. Rarely are such accidents reported above the charge nurse level, he added, and "relatively few reach even that high unless a fairly serious injury results."

**NEWS** Seventh Annual Military Medico-Dental Symposium takes place Oct. 22-27 at U.S. Naval Hospital, Philadelphia, with a session devoted to nursing on Wednesday Oct. 24.

**NEWS** Patients' hospital bills are less today than they were five years ago, says Dr. A. C. Ker-

likowski, director of University Hospital, Ann Arbor, Mich., basing his statement on the fact that the average patient is now being discharged three days sooner than he used to be.

**NEWS** The Hospital for the Women of Maryland, Baltimore, reports that over forty R.N.'s have completed refresher courses there in the past two years, and that fifteen of them are now working on its staff.

**NEWS** An evening course in occupational health, with sixteen weekly sessions during the fall semester, is being offered for R.N.'s by the Institute of Industrial Health, University of Cincinnati



## Bananas for Bambinos



Only fully ripe fruit goes into Gerber Strained Bananas. Ripening controlled for uniformity. Special processing preserves fresh-fruit characteristics. Excellent source of easy-to-digest carbohydrates. **Gerber® Strained Bananas**

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College of Medicine. A similar full-time course of one-week duration is scheduled for the spring semester.

**NEWS** The school of nursing set up in 1951 within the Newark (N.J.) College of Arts and Sciences has become the Rutgers College of Nursing, a unit of Rutgers University. Ella V. Stonsby, director of the school, is the new college's first dean.

**NEWS** Baptist Memorial Hospital, Memphis, has opened a nursery to care for the children of its day-shift and evening-shift nurses. For a nominal daily fee, nurse-mothers may have any child up to age 6 cared for.

**NEWS** The Ruth Weaver Hubbard Foundation, established recently to honor the memory of Philadelphia's late nursing leader and long-time director of its Visiting Nurse Society, is raising a \$200,000 scholarship fund to be used for aiding graduate nurses to pursue advanced and special stud-

ies leading to administrative and teaching posts. Contributions may be sent to the foundation at VNS headquarters, 1340 Lombard Street, Philadelphia 47.

**NEWS** Applications for the 1957 Mary M. Roberts Fellowship are now being accepted. Competitors for the grant, which finances a year's study in journalism, must submit an original manuscript of not more than 3,000 words. Application forms may be obtained from the Roberts Fellowship Committee, American Journal of Nursing Co., 2 Park Ave., New York 16, N.Y.

**NEWS** New chief of the Air Force Nurse Corps is *Col. Frances Irene Lay*. Colonel Lay replaces *Col. Verena Maria Zeller*, AFNC's first chief, who has retired . . . *Myrtle E. Kitchell*, dean of the State University of Iowa College of Nursing, and *William Aydelotte*, chairman of S.U.I.'s history department, were married in June . . . After thirty-two years as executive secretary of the Wisconsin State Nurses Association, *Mrs. Edith M.*



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*Partridge* resigns this September. She will be succeeded by *Jeanette R. Welsch* . . . *Lt. Col. Grace E. McCulley*, chief nurse, U.S. Army Hospital, Fort Carson, Col., died suddenly in July. Colonel McCulley was well-known for her efforts in promoting higher educational standards for the ANC . . . *Margaret Eliot*, director of nursing at Presbyterian Hospital, New York City, at the time of her retirement last year, was given an honorary degree (Doctor of Humane Letters) by Temple University . . . *Lucille Notter* has been named assistant director of the Brooklyn (N.Y.) VNA . . . *Leonard F. Stevens*, chief nurse at Fort Douglas Station (VA) Hospital, Salt Lake City, was the featured personality of a recent picture story in *Life* . . . *Mary La-Rue*, a retired industrial nurse, was honored recently for her volunteer work in directing the blood donor program at the VA hospital in Milwaukee . . . "Paranurse" *Alice Greenbaum*, trained to parachute into disaster areas, has been named captain of the Hartford (Conn.) Squadron, Civil Air Patrol . . .

*Mary Heringhaus*, executive director of Mt. Carmel Mercy Hospital School of Nursing, Detroit, was cited as the "Professional Nurse of the Year" by her district and county colleagues . . . *Mrs. Donna Toedtman*, former public health nurse in Ajo, Ariz., is a candidate for the Democratic nomination as a state legislator from her district.

**NEWS** Shortage of nurses in the armed forces has led Senator Irving M. Ives (R., N.Y.) to introduce a bill creating a military academy to prepare such nurses. Graduates would be required to serve three years in the services. Defense officials, however, are said to favor legislation equalizing advancement opportunities for nurses as a means of alleviating shortages.

**NEWS** Stricter control of New York City's forty-three proprietary hospitals is spelled out in a new section of the municipal code effective October 1. Intended, among other aims, to protect the patient against unreasonable charges and unjustified surgery.

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# GREYHOUND

the revised code requires each hospital to establish a medical board which will be responsible for the professional and ethical conduct of the M.D.s who practice there.

**NEWS** A series of four-month-long psychiatric nursing classes for R.N.'s is being conducted at Logansport State Hospital, Logansport, Ind., under the direction of Margaret M. McConvey and Dr. John Southworth. Although priority will be given graduates of Indiana schools, applications will be taken from out-of-state nurses. Applicants should write Donald I. Brown, R.N., Psychiatric Nursing Director, Logansport State Hospital, Logansport, Ind.

**NEWS** Duke University School of Nursing has announced that twenty members of its alumnae association living in twenty different North Carolina communities have volunteered to counsel local high school girls who are seeking advice about nursing as a career.

**NEWS** West Germany, with an over-supply of doctors and the world's highest per-capita ration (14 M.D.'s to every 10,000 inhabitants), needs 180,000 more trained nurses, according to the *Chicago Tribune*, which says that "few German professions are so loosely organized as that of nursing." The country is said to have 140,000 nurses at present, with 30,000 of them in religious institutions earning "from nothing to



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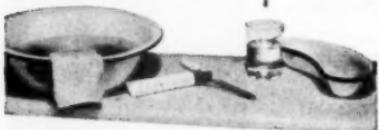
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\$7 a month." Top pay for the so-called "free nurses" is \$100 a month, the paper reports. Federal authorities hope to initiate their own economic security program for the profession.

**NEWS** Yale University School of Nursing's new graduate program, which replaces the abruptly discontinued basic nursing course, begins this fall. Majors offered in 1956-57 are: (1) Maternal and Newborn Health Nursing, including Nurse Midwifery; (2) Mental Health and Psychiatric Nursing; and (3) Public Health Nursing. Thus far, efforts to restore the basic program have been fruitless.

**NEWS** National League for Nursing has received a new grant of \$78,553 from the National Foundation for Infantile Paralysis to support NLN's efforts toward improvement of nursing care of patients with polio and other disabling diseases.

**NEWS** Colorado Women's College, Denver, will inaugurate a two-year nursing course, combining academic and clinical instruction, in the fall of 1957. To meet present licensure requirements in Colorado, graduates of the new course will also have to complete a year's internship. . . . A revised program, along similar lines, has recently been made available in Dallas, Tex., where St. Paul's Hospital School of Nursing has affili-

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ated with the University of Dallas for academic courses. Students will spend the last year of a three-year course as paid interns, receiving three-fourths the amount earned by beginning graduate nurses.

**Ohio State Association of Nurse Anesthetists** has established a scholarship fund to provide financial assistance to Ohio R.N.'s already enrolled in schools of anesthesia. Eligibility requirements and application forms may be obtained from Marcia E. Williams, 1446 W. 84th St., Cleveland 2, Ohio.

**National League for Nursing** has published a 68-page report of a five-day conference on school nursing which took place in Minneapolis last fall under the joint sponsorship of NLN's Department of Public Health Nursing, the University of Minnesota, and the Minnesota health department.

**Two \$500 scholarships**, offered by the Lutheran Brotherhood Insurance Society for advanced study in nursing, have been awarded to instructors Leona M. Dudas of the Augustana Hospital School of Nursing, Chicago, and Ruth Sheatsley of the Capitol University School of Nursing, Columbus, Ohio.

**U.S. universities and colleges** received an estimated \$507,000,000 in gifts and grants during the fiscal year 1954-55, ac-

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cording to educational sources. The figure is exclusive of the recent Ford Foundation grant of \$260,000,000.

**NEWS** Army has announced that men nurses and various other skilled medical specialists subject to draft may, after six months' active duty, be free of further military training if (1) they transfer to the standby reserve for the remainder of an eight-year period, (2) engage during that period in certain civilian occupations (including nursing), and (3) aren't critically needed by the Army.

**NEWS** Appointment of a federal commission to study the doctor shortage is proposed in a

bill introduced in Congress recently by Representative Francis E. Dorn (R., N.Y.). Similar to the controversial Bolton bill in the nursing field, the Dorn proposal calls for a commission that would include legislators, federal officials, and persons from private life.

**NEWS** An annual visiting day for fathers of first-year student nurses has been instituted at St. Luke's Hospital School of Nursing, Chicago. Evidence that the idea can arouse paternal interest in nurse recruitment is indicated by the fact that seventy-one out of ninety-four fathers of freshmen-class students turned up recently to visit their daughters—some coming from great distances.

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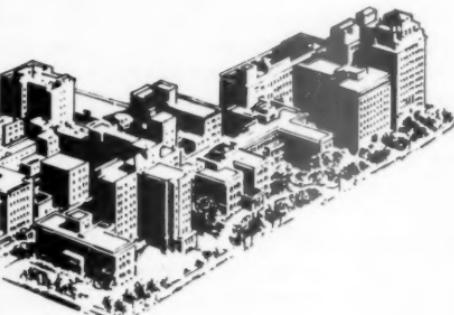
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**ANESTHETISTS:** Registered, experienced, good recommendations. Salary \$450 or more per mo depending on experience. General 200 bed hospital. Phone WO 2-8551 or write Box 540, Battle Creek, Mich.

**ANESTHETISTS:** A.A.N.A. member, 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel policies. Social Security. Sutter Hospital, Sacramento, Calif.

**ANESTHETISTS:** (a) Well estab gen hosp, 130 beds, leading progressive city, Alaska. \$7500. (b) Two, 100 bed hosp suburb key industrial city, E. \$6000. (c) Two, newly reorganized inst. city, 60,000 near exclusive SW resort. \$6000 (d) Staff, complete staff, 6, headed by M.D. exc. work. conditions, modern hosp 250, S.F. Bay area. (e) 50 bed new hosp mountain town, delightful climate, scenery, free lance opport. S. RN 9-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**ASS'T DIRECTOR IN-SERVICE STAFF EDUCATION:** Masters Degree in Nursing or Nursing Education desired. Must have had experience as Clinical Instructor, Director of Nursing Service or in directing an In-Service Staff Education program. Salary for fully qualified applicant \$4800 per yr. Contact Director of Nurses, Sewickley Valley Hospital, Sewickley, Pa.

**ASS'T DIRECTOR NURSING SERVICE:** For 284 bed private hospital with accredited School of Nursing. Going salary for Northwest Hospital Association for 40 hr wk, pd sick leave, 2wks pd vacation yr, 6 holidays per yr and Social Security. Write Director Nursing Service, Providence Hospital, 700 NE 47th Ave., Portland 13, Ore.

**ASS'T INSTRUCTOR IN NURSING ARTS:** Temporary Accredited School of Nursing with student body of 105. Degree in Nursing Education not required, but work toward degree is essential. Some teaching or supervisory experience preferred. Salary commensurate with qualifications and experience. Apply Director, School of Nursing, St. Rita's Hospital, Lima, Ohio.

**ASS'T INSTRUCTOR IN NURSING ARTS:** Fully accredited School of Nursing with student body of 175. Degree in Nursing Education not required but work toward degree is essential. Some teaching or supervisory experience required. Salary commensurate with

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qualifications and experience. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

**ASS'T NURSING ARTS INSTRUCTOR, HEAD NURSE & SURGICAL STAFF NURSES:** For general hospital 228 beds, 55 basins, with new surgeries and 120 additional surgical beds to be added soon. 40 hr wk, liberal personnel policies. Apply Director of Nursing, San Jose Hospital, San Jose, Calif.

**ASS'T SCIENCE INSTRUCTOR:** Who can teach chemistry and assist with laboratories in anatomy and microbiology. School temporarily accredited by N.L.N., student body of 125. Progressive faculty. Apply Director of Nursing, Grant Hospital, Columbus 15, Ohio.

**CLINICAL INSTRUCTOR:** Formal and clinical teaching of pediatric nursing, 56 bed pediatric unit including premature nursery, 500 bed general hospital. School of nursing with enrollment of 100, N.L.N. fully accredited. B.S. Degree and/or advanced preparation desirable. Salary based on preparation and experience. Liberal personnel policies. Write to Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 12, N.J.

**CLINICAL COORDINATOR:** For 402 bed general hospital, 3 yr diploma program, 65 students. Affiliated with Union Junior College. Good personnel policies, salary dependent upon qualifications and experience. Apply to Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

**CLINICAL INSTRUCTOR:** In Medical-surgical nursing, 402 bed general hosp, 3 yr diploma program, 65 students, affiliated with Union Junior College. Good personnel policies, salary dependent upon qualifications and experience. Apply to Director of Nursing, Perth Amboy General Hospital, Perth Amboy, N.J.

**CLINICAL INSTRUCTOR IN MEDICAL & SURGICAL NURSING:** Temporary Accredited School of Nursing with student body of 105. Degree in Nursing Education preferred, but work toward degree would be acceptable. Some teaching or supervisory experience required. Salary commensurate with qualifications and experience. Apply Director, School of Nursing, St. Rita's Hospital, Lima, Ohio.

**DIRECTOR OF NURSES:** 100 bed hospital located in Eastern Long Island. Approx. 40 mi. from NYC. Salary open depending upon qualifications. 40 hr wk, 4 wks vacation. Apply Box LH-1 c/o R.N. Magazine, Oradell, N.J.

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**DIRECTOR OF NURSES:** 150 bed General Hospital Central Florida. All Graduate staff, outstanding medical staff. Hospital expanding to 300 beds. B.S. Degree required. Salary open. Write Administrator, Morrell Memorial Hospital, Lakeland, Fla.

**DIRECTOR OF NURSES:** 240 bed general hospital, large new addition opened in February. Desire person with administrative training and/or experience. Director in complete charge of nursing personnel. Located in heart of beautiful Wyoming. Good personnel policies, including 40 hr wk, sick leave, etc. Good starting pay, based on qualifications. Opportunity to advance. Write Administrator, Memorial Hospital, Casper, Wyo.

**DIRECTORS OF NURSING:** (a) Dir. Service, responsible in-service dept, well estab modern hosp, progressive Alaska city. \$7800. (b) Dir. Nursing, 320 voluntary hosp, predominantly surg. ability estab. school, exclusive East Coast area. \$8000. (c) Dir. School, Service, 320 bed gen'l hosp, exc. nursing facilities, 100 students, ideal metro location, leading MW city. \$7500. (d) Director, Nursing School, service, 250 bed gen'l hosp, cooperative nursing, medical staff, 55 students, top salary for top flight person, E. (e) Dir. Nursing Service, outstanding 350 bed univ hosp, faculty status, ideal West Coast city. \$6600. RN 9-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**FACULTY POSTS:** (a) N.A. Instr. basic 4 yr acad. prog, well renowned coll. nursing, commuting distance, NYC. \$530 mo. (b) Maternal and Child Nrsq, Med. surg, univ. fac-

ulty rank, 6 wks annual vac. \$5000. MW. (c) Tb Inst, leading gen'l hosp, important position, research prog, lge student affil, int. key city, E. \$5500. (d) Ed. Dir. completely integrated progressive school of 100, 650 bed gen'l hosp, coll facilities, near S.F. \$6000. RN 9-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**GENERAL DUTY:** 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range \$277 to \$360 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

**GENERAL DUTY & OPERATING ROOM NURSES:** 210 bed teaching hospital located 35 mi from NYC. Salary \$260 per mo with regular increments. 40 hr wk, \$20 extra for 3-11, \$15 extra 11-7 AM. OR nurses \$10 extra per mo. Liberal personnel policies including 3 wks vacation, 12 days sick leave, Social Security. Pleasant living facilities provided if desired. Write or apply Director of Nursing, White Plains Hospital, White Plains, N.Y.

**GENERAL DUTY & OPERATING ROOM NURSES:** Wanted immediately for 150 bed hosp. 40 hr wk with liberal personnel policies. Nurses Home available at reasonable rates. All-graduate nursing staff. Apply Dir. of Nurses, Morrell Memorial Hospital, Lakeland, Fla.

**GENERAL DUTY NURSES:** For 34 bed hospital near Yellowstone Park. Liberal personnel policies, 40 hr wk, salary \$260, additional



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\$10 for evening and night duty. Write Director of Nurses, St. Johns Hospital, Jackson, Wyo.

**GENERAL DUTY NURSES:** For 165 bed general hospital, Southern Michigan community of about 60,000. Starting salary \$310 per mo for 5½ day wk, \$282 per mo for 5 day wk, bonus for evening and night work, free laundering of uniforms, 5 regular increases during first 5 yrs, 2 longevity increases thereafter, 2 wks vacation and 6 holidays, accumulative sick leave, Social Security. Contact Director of Nursing, W. A. Foote Memorial Hospital, Jackson, Mich.

**GENERAL DUTY NURSES:** 120 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk. Starting salary \$280 with a charge of \$23 for full maintenance. Additional \$10 per mo. for evening and night duty with regular increases. Surgical Nurses starting salary \$290 plus \$5 per call after 5 p.m. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

**GENERAL DUTY NURSES:** 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary \$300 a month, bonus of \$30 for evenings and \$20 for nights, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park Hospital Foundation, Highland Park, Ill.

**GENERAL DUTY NURSES:** Needed for staff position in crippled children's orthopedic hospital. Salary \$245 per mo plus complete maintenance or \$319.50 without maintenance, 15 days vacation, 15 days sick leave, 5 day work week. Contact Director of Nurses, Carrie Tingley Hospital for Crippled Children, Truth or Consequences, N.M.

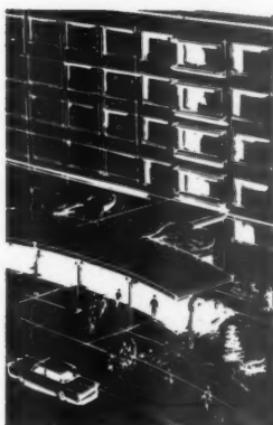
**GENERAL DUTY NURSES:** For 135 bed general hospital. Organized medical staff, high quality services, pleasant surroundings, comfortable living conditions in nurses home, excellent personnel policies. Apply Director of Nursing, John D. Archbold Memorial Hospital, Thomasville, Ga.

**GENERAL DUTY NURSES:** 50 bed approved hospital located in mountainous portion of Colo. College town. Salary \$275, 40 hr wk, sick leave, vacation bonus. Contact Superintendent, Community Hospital, Alamosa, Colo.

**GENERAL DUTY NURSES:** Applications are now being accepted for the fall opening of new addition to modern, rapidly expanding Chicago hospital ideally located on beautiful north side lakefront near parks and beaches. Staff nurses start at approximately \$345 per mo for pm's and nights, \$315 per mo for days, 40 hr wk. Positions open on rotating or straight pm or nights. Equipped with nurse-to-patient communication system, piped oxygen at every bed, spacious nursing stations, excellent working environment. Many liberal employee benefits including free Blue Cross, one-half tuition for college level courses related to work. Co-

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operative administrative group which maintains high standard of patient care. Presently 110 bed hospital expanding to 250 beds, which insures exceptional opportunity for advancement. Write Personnel Director, Louis A. Weiss Memorial Hospital, 4646 Marine Drive, Chicago 40, Ill.

**GENERAL DUTY NURSES:** 56 bed general hospital. 20 beds to be added this summer. 40 hr wk, starting salary \$275. Additional for 7-11 and 11-7. Liberal personnel policies. Hospital located in Southern Calif. Joins Los Angeles on the west and Pasadena on the north. Alhambra Community Hospital, Alhambra, Calif. Apply Mrs. Norene, Director of Nurses.

**GENERAL DUTY NURSES:** For 76 bed general hospital in university town. Prevailing salaries paid. Full maintenance available Redlands Community Hospital, Redlands, Calif.

**GENERAL DUTY NURSES:** For 100 bed new general hospital. Personnel policies include 40 hr wk, 6 holidays, sick leave, initial salary \$300 with differential for eve and night duty, merit increases. Apply Director of Nurses, Daniel Freeman Memorial Hospital, Inglewood, Calif.

**GENERAL DUTY NURSES:** Where the sun spends the winter on the banks of the Colorado River. Air Force Base, Army Test Station in vicinity. 5 hr scenic drive to Pacific Coast, 12 mi. to Old Mexico. 40 hr wk, salary range \$300 per mo plus salary advancement, 8 pd holidays, vacation with pay, accumulated sick leave to 30 days, differential \$5 pm, \$10 nights. Advancement possible. Arizona registration required. A.N.A. members applications considered first. Apply superintendent of nurses, Yuma General Hospital, Yuma, Ariz.

**GENERAL DUTY NURSES:** 65 bed general hospital in thriving Winnemucca, Nev. 40 hr wk, 6 holidays, 2 weeks vacation, 12 sick days per yr. Starting salary \$275 per mo with meals on duty and uniform laundry. Additional \$10 per mo for evening and night duty. Apply to Miss Marie Drury, R.N., Supt., Humboldt General Hospital, Winnemucca, Nev.

**GENERAL DUTY NURSES—AT MEDICAL CENTER:** Start \$275 for 40 hr wk \$5 increases at 3, 9 and 15 mos. and \$10 increase after 24 mos., overtime premium pay, 2 wks pa'd vaca-

tion, 6 pd holidays, sick leave, free medical services, Social Security. We pay hospital insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital Rochester, Minn.

**GENERAL DUTY STAFF NURSE:** New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings \$76.80-\$89.60 per wk, nights \$73.60-\$86.10, days \$64.00-\$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

**GENERAL DUTY STAFF NURSES:** For 450 bed fully approved hospital, 3-11pm and 11-7 am duty. Salary range \$340 to \$359 per mo. 40 hr wk, 2 consecutive eves or nights off. Pd. vacation, 7 holidays per yr. Accumulative sick time based on length of service. Nurses' Residence, single rooms \$15 per mo, double rooms \$10. Cafeteria meals at nominal cost. 4 uniforms laundered weekly free. Employees covered under provisions Railroad Retirement Act which provides for pensions, unemployment and disability. Free hospitalization plan. Railroad passes issued based on length of service. Registration or temporary permit to work in Calif. necessary. Address applications to Chief Nurse, Southern Pacific Railroad Hospital, 1400 Fell St., San Francisco, Calif.

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**GENERAL STAFF NURSES:** For 60 bed hospital, very well equipped and modern, located in northern Florida. Good personnel policies, increase in salary every 6 mos, holidays with pay, sick leave with pay and paid vacation. Apply Directress of Nurses, Catherine M. Hurst, R.N., Suwannee County Hospital, Live Oak, Fla.

**GENERAL STAFF NURSES:** For 200 bed general hospital. Openings in Ped, O.B. & Med-Surg. Minimum starting salary \$255. 40 hr work wk, special consideration given for experience and qualifications. Merit increases at 6 mo, 12 mo and annually thereafter. Evening and night duty differential \$10. Good personnel policies. Rooms available \$20 per mo. Write Dir. of Nursing Service, Memorial Hospital, Casper, Wyo.

**GENERAL STAFF NURSES:** Opportunity to learn Nursing Team leadership in 400 bed general hospital. Beginning salary \$295 per mo, eve and night duty \$325. Salary increases after 6 mos, 2 yrs and 3 yrs. Liberal personnel policies, comfortable residence at moderate cost. Good transportation to colleges, Universities and shopping centers. Address: Director Nursing Service, Mount Sinai Hospital, 2750 West 15th St., Chicago 8, Ill.

**GENERAL STAFF NURSES:** This is a friendly place to work in preferred dept. of 200 bed JCAH general hospital with an active building program. Liberal personnel policies include 40 hr wk, retirement plan, paid hospitalization insurance premium, accumulative 30 day sick leave, 2 wks vacation, 6 holi-

days annually, meals at cost, rooms at \$20 per mo, 40 mins. from Detroit. Initial salary evenings \$336.80-\$371.47, nights \$322.80-\$357.47, days \$306.80-\$341.47. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

**GENERAL STAFF NURSES:** 270 bed general hospital and 72 bed maternity hospital. Starting salary \$305 a month. \$5 month tenure increase for each 6 mos to maximum of \$335. \$25 additional for afternoon and night. \$25 additional for surgery. Liberal paid annual vacation. 7 paid holidays, 8 hr day and 40 hr wk, Social Security and employer-paid health and life insurance program. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

**GRADUATE NURSES:** General duty for college infirmary (35 beds) in Hanover, N.H. Starting salary \$225 increases to \$265, shift differential of \$20 for evenings and \$15 for nights. 40 hr wk, 10 mos. Sept. 1 to July 1 including 3 wks vacation. Additional advantages: in progressive and interesting community offering recreational and cultural opportunities. Write to Dartmouth College Health Service, Hanover, N.H.

**GRADUATE NURSES:** Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

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**GRADUATE NURSES:** It's me again. You can't say we're not trying to catch your eye. For full information write me. Betty Hartwig (see above ad for address). Thanx.

**GRADUATE NURSES:** A report just received indicates Los Angeles County is the second largest metropolitan area in the U.S.A. Since 1948 our population has increased over 30%. Where there is growth there is opportunity—and we're still growing. This information is provided through the courtesy of the Los Angeles County Hospital System. The hospitals with the "forward look". Write Betty Hartwig, R.N., Box 1311, Los Angeles 33, Calif.

**GRADUATE NURSES:** There is plenty of opportunity for further study and professional development in Los Angeles. USC and UCLA are the largest schools located in the County. Our own School of Nursing is located at the Los Angeles County General Hospital. Betty.

**GRADUATE NURSES:** Last year at the Los Angeles County General Hospital, Los Angeles, Calif., the patient case load was more than 1 million visits, 8000 injections were given each day, 13,000 babies were born here. If you are after professional development, this is the place for you! Our nurses do the professional job they were trained to do. Write me for further information. Betty Hartwig, R.N., Los Angeles County General Hospital, Box 1311, Los Angeles 33, Calif.

**GRADUATE NURSES FOR SUPERVISING:** In a 270 bed geriatrics hospital, day or night. Good salary offered, plus full maintenance. Strictly supervisory. 6 days off per mo. Pension plan included. Modern nurses' home. 8 hr. day. Call or contact Mr. Arthur E. Myers, Supt., Masonic Homes, Elizabethtown, Pa. Phone 7-1221.

**HIGH CALIBER REGISTERED NURSES:** We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated inservice education, access all NYC university programs. Good basic preparation required, learn specialty here. Staff Nurses: Day \$291.66-\$331.66 mo. Eve. \$346-386, Nite \$335-375 4 wks vacation. 1½ pay for overtime, uniforms laundered. Blue Cross paid by Center. Minimum rotation. Suture nurses, base salary plus ½ pay

for on-call hrs. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

**HOSPITAL NURSE (MALE):** Performs difficult and responsible central nursing work of a professional nature in the care and treatment of physically ill inmates at a state institutional hospital, 4 yrs full time professional nursing experience in the care and treatment of patients including considerable operating room and/or X-ray laboratory experience. Completion of high school supplemented by accredited training course for nurses. Salary \$4140-\$5148. On duty meals, uniforms and laundry of uniforms furnished. Apply Box NCS-1 c/o R.N. Magazine, Oradell, N.J.

**INDUSTRIAL, OFFICE:** (a) Two nurses, medical staff, large commercial hotel group, high clientele, salary, modern suite, moderate climate, cultural city, 500,000. (b) Admitting office, research inst, ideal S.F. location. RN 9-5 Burnice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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**INSTRUCTORS:** Positions open in school of nursing, M.S. or B.S. in Nursing Education required for instructors, B.S. in Nursing required for assistant instructors. 300 bed hospital in Metropolitan area. Attractive salaries, good working conditions. Apply to Director, School of Nursing, St. Joseph's Infirmary, Atlanta, Ga.

**INSTRUCTORS—MEDICAL & SURGICAL, CLINICAL, NURSING ARTS & PEDIATRICS:** Degree in Nursing or Nursing Education or equivalent in experience and education required. Expanding, progressive School of Nursing. Starting salary \$300-\$350 depending upon qualifications. Contact Director of Nurses, Fewickley Valley Hospital, Sewickley, Pa.

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**MEDICAL-SURGICAL SUPERVISOR:** For large hospital in New Jersey. Administrative duties only. Degree and experience desired. Liberal personnel policies. Salary commensurate with qualifications. Write to Box 384 c/o R.N. Magazine, Oradell, N.J.

**NEW YORK STATE JOBS FOR NURSES:** Qualified nurses with 2 yrs supervisory experience, earn \$4650-5760 as inspectors of institutions. Vacancies exist in New York City, Albany and Syracuse. Career with professional status, security, pension at 55 or over, 37½ hr, 5 day wk, 4 wks vacation plus holidays, sick leave with pay. For qualifications and other requirements contact Director of Personnel, New York State Dept. of Social Welfare, 112 State St., Albany, N.Y.

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**NURSE:** N.J. Registered. As supervisor in old established Bloomfield N.J. Nursing Home of good repute. Live in or out. Salary open. Apply Box JH-1 c/o R.N. Magazine, Oradell, N.J.

**NURSE ANESTHETIST:** Excellent working conditions. \$400 per mo with annual increases of \$25 per mo to maximum of \$500. 2 wks vacation after 1 yr, 3 wks after 5 yrs, minimum of 2 wks sick leave. Usual employee benefits. Lexington is located in "The Heart of the Bluegrass" famous for horse racing and tobacco industries, home of University of Kentucky and Transylvania College. Apply Ass't Administrator, Good Samaritan Hospital, South Limestone St., Lexington, Ky.

**NURSE ANESTHETIST:** General hospital, 700 beds, starting salary \$4300 per annum, maximum \$4800 per annum. \$100 yearly increments, vacation and sick time. Full maintenance provided. Contact Philip J. Santora, M.D., Acting Medical Director, The Harrison S. Martland Medical Center, 116 Fairmount Ave., Newark, N.J.

**NURSE ANESTHETISTS:** 3 needed soon. Mature, experience preferred. Private group,

3 anesthesiologists, 8 nurses. Salary open with a base of \$400 for inexperienced trained nurses. No Saturday schedule. On call in rotation. Paid vacation, complete Blue Cross-Blue Shield and \$2000 group life insurance. On your own after morning schedule usually completed 12-2 pm. No OB anesthesia. A college town and good place to live. Housing not serious. Robert J. Armstrong, M.D., 605 Hanselman Bldg., Kalamazoo 1, Mich.

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**NURSES:** Positions available for R.N.'s under age 50. General duty \$330 per mo, Head nurse \$345-360 per mo. Eve and night differentials, retirement plan, sick leave benefits, 11 holidays, 3 wks vacation, modern nurses residences, state eligibility for Calif. registration and submit photo to Director of Nurses, Tulare-Kings Counties Hospital, Springville, Calif.

**NURSES:** Specializing in tuberculosis and chest diseases, 600 bed hospital located 30 mi from Springfield, Mo. Developing pediatrics dept, in-service and affiliation program, merit system benefits, full maintenance and laundry minimum rate, staff nurse, \$250-\$335. Also need Clinical Instructor for a tb. program. Write Director of Nursing, Missouri State Sanatorium, Mt. Vernon, Mo.

**NURSES:** All shifts, 44 bed general hospital, top salary & working conditions. Surgery, gen. duty and O.B. Mrs. Johnson, Monte Carlo Hospital, 2834 Glendale, Los Angeles 39, Calif.

**NURSES:** Modern 154 bed fully accredited hospital on beautiful San Francisco Peninsula, has openings in General Duty, Medical, Surgical, Operating Room, Pediatrics, Obstetrics. 40 hr wk, 7 pd holidays, free health insurance, retirement plan, 2 wks pd vacation, 2 wks sick leave per yr, other benefits. Salary in accord with San Francisco scale. Apply Personnel Director, Peninsula Hospital, Burlingame, Calif.

**NURSES:** Head Nurses, Supervising Nurses and Graduate Staff Nurses (men or women) in a 6500 bed psychiatric hospital 40 mi from Chicago, 5 day wk, 2 wks vacation per yr plus holidays. Maintenance available for \$38 per mo. Openings in medicine, surgery, OR, psychiatric and tuberculosis wards. Salary \$300 per mo and up depending on assignment and qualifications. Pay differential for tuberculosis wards. Apply to Superintendent, Elgin State Hospital, Elgin, Ill.

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**NURSES:** Graduate, registered, staff, inservice education, liberal personnel policies, rotating shifts. Located near Gulf. Social Security and retirement plan available. Starting salary \$300. Apply Nursing Supervisor, Polio Center, 1801 Buffalo Drive, Houston 3, Tex. CA 4-7875.

**NURSES:** Modern 200 bed, fully accredited hospital, in beautiful Cumberland Valley college town, has openings in General Duty (Medical and Surgery), Operating Room, Pediatrics, Maternity and Nursery. Friendly, informal atmosphere. 40 hr wk, 7 pd. holidays. Free hospitalization. Social Security, 2 wks vacation after 1 yr, other benefits. Apply Dorothy D. Boilinger, R.N., Director of Nursing, Chambersburg Hospital, Chambersburg, Pa.

**NURSES:** General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

**NURSES:** General Duty, for 30 bed hospital. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

**NURSES:** General Duty Nurses \$250 to \$305. Immediate openings for all shifts. Operating Room Nurses \$280 with additional pay for call. 165 bed approved general hospital. 40 hr wk. Board and room at nominal cost. Apply to Director, Nursing Service, Memorial Hospital, Cheyenne, Wyo.

**NURSES, REGISTERED:** 32 bed hospital, excellent salary, rooms available at \$10 per mo, liberal personnel policies. Mining town located 45 miles NE Tucson. Apply to Mrs. Hazel G. Bennett, R.N., Supt. of Nurses, San Manuel Copper Corp. Hospital, San Manuel, Ariz.

**NURSES, REGISTERED:** All shifts. Good salary and personnel policies. Apply Personnel Office, Middlesex General Hospital, New Brunswick, N.J.

**NURSES, REGISTERED:** 50 bed general hospital, beautiful residence for nurses just completed, has opening for nurses who can enjoy living in the Valley of Virginia, but near enough to Washington, D.C. Starting salary \$240 evening and night, \$225 day. 5 merit increases 6 mo. intervals, 2 wks pd vacation, Social Security, recognized holidays, excellent working conditions. Write Director of Nurses, Shenandoah County Memorial Hospital, Woodstock, Va.

**OBSTETRIC SUPERVISOR:** For unit in suburban hospital 30 mi north of Chicago. Department being enlarged in our general expansion. Experience and post-graduate course required. Apply to Director of Nurses, Lake Forest Hospital, Lake Forest, Ill.

**OBSTETRICAL CLINICAL INSTRUCTOR:** B.S. Degree and obstetrical experience or post-graduate course in OB with 1 yr college. NLN temporarily accredited school of nursing with college affiliation. 70 students, 40 hr wk, 4 wks vacation, 6 pd holidays, sick leave. Blue Cross-Blue Shield, Social Security. 240 bed general hospital. Apply Director, School of Nursing, Reid Memorial Hospital, Richmond, Ind.

**OBSTETRICAL NURSES:** Immediate openings for OB nurses with post-graduate course in O.B. Modern 115 bed hospital, fully approved by J.C.A.H. 40 mins from Chicago Loop. Salary open, 40 hr wk, full maintenance available. Contact Mrs. H. Pfab, Ingalls Memorial Hospital, Harvey, Ill.

**OPERATING ROOM & GENERAL DUTY NURSES:** For small general hospital. Monthly salary \$239.69 plus full maintenance, \$20 additional for eve shift, \$10 additional for night. 10 days vacation after 1 yr, 12 days sick leave annually, 6 pd holidays, 40 hr wk. New York State License required. Apply Director of Nurses, Jamestown Gen. Hospital, Jamestown, N.Y.

**OPERATING ROOM CLINICAL INSTRUCTOR:** B.S. Degree and operating room experience or post-graduate course in OR with 1 yr college. NLN temporarily accredited school of nursing with college affiliation, 70 students, 40 hr wk, 4 wks vacation, 6 pd holidays, sick leave, Blue Cross-Blue Shield, Social Security. 240 bed hospital. Apply Director, School of Nursing, Reid Memorial Hospital, Richmond, Ind.

**OPERATING ROOM NURSES:** For private 284 bed hospital with nursing school. Initial salary \$265 per mo for 40 hr wk, \$10 more for eve or nights, additional for call. Write Personnel Director, Providence Hospital, 700 NE 47th Ave., Portland 13, Ore.

**OPERATING ROOM NURSES:** For 200 bed hospital. Openings for Ass't Supervisor and Staff. Minimum starting salary \$255. 40 hr work wk. Special considerations given for experience and qualifications. \$20 per mo for call. Average call 2 nights per wk. Good personnel policies, rooms available \$20 per mo. Write Director of Nursing Service, Memorial Hospital, Casper, Wyo.

**OPERATING ROOM NURSES:** 350 bed general hospital near University, 20 mi from Gulf Beaches. Salary \$239 to \$261 mo to start, plus laundering of uniforms. 40 hr wk. Florida registration required. Apply Director of Nursing Service, Tampa Municipal Hospital, Tampa 6, Fla.

**OPERATING ROOM NURSES—AT MEDICAL CENTER:** Start \$285 for 40 hr wk \$5 increase at 3, 9, and 15 mos., \$10 increase after 24 mos. Overtime premium pay, paid vacation, 6 paid holidays, sick leave, free medical services. Social Security. We pay hospitalization insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital, Rochester, Minn.

**OPERATING ROOM SUPERVISOR:** Experience required, 32 bed hospital, salary \$16.08 per day, room available at \$10 per mo. Apply to Mrs. Hazel G. Bennett, R.N., Supt. of Nurses, San Manuel Hospital, San Manuel, Ariz.

**OPERATING ROOM SUPERVISOR:** Position available in modern, well equipped hospital located in heart of Ohio Vacationland. Liberal personnel policies, 40 hr wk, salary open depending upon preparation and experience. Apply Director of Nursing, Good Samaritan Hospital, Sandusky, Ohio.

**OPERATING ROOM SUPERVISOR & SCRUB NURSE:** 60 bed hospital 8 mi from Boston. 40 hr wk, liberal benefits, salary open. Winthrop Community Hospital, Winthrop, Mass.

**PALM SPRINGS CALIFORNIA OPPORTUNITIES:** Staff nurses and operating room.

38 bed hospital in America's winter resort area. Wages are top for resort area. 5 day wk. 7 pd holidays, 2 wks vacation after 1 yr, 3 wks after 3 yrs and sick leave. If interested contact Director of Nurses, Desert Hospital, P.O. Box EE, Palm Springs, Calif.

**PEDIATRICS, STAFF & OPERATING ROOM NURSES:** New 104 bed general hospital, latest equipment, ideal location, banks of St. Joseph River, heart of the Fruitbelt, Lake Michigan shores. Living accommodations available. Jr. College in area, 2 hrs from Chicago, 40 hr wk, basic salary \$260, shift bonus, good personnel policies, friendly community. For details write Nursing Director, Memorial Hospital, St. Joseph, Mich.

**PEDIATRICS TEACHING SUPERVISOR:** Position open, 275 bed, accredited hospital school of nursing. Degree and experience preferred. Liberal salary, 5 day wk, Social Security, 3 wks vacation, 6 holidays, 14 day sick leave. Apply Director of Nurses, Lima Memorial Hospital, Lima, Ohio.

**PROFESSIONAL NURSES (MALE):** Supervise and administer nursing service in a single patient care unit, 1 yr of professional nursing experience. Graduated from an accredited school of nursing. Salary range \$3264-\$4020. 40 hr wk. Apply Box NCS-3 c/o R.N. Magazine, Oradell, N.J.

**PUBLIC HEALTH NURSE:** To provide nursing services to individuals and families through home visits and at clinics and schools in a generalized public health nursing program. Salary \$4108 to start with 3 annual increases to \$4710. Permanent career service with promotion by merit and liberal employee benefits. Qualifications: Bachelor's Degree in Nursing with approved program in public nursing, or graduation from approved school of nursing and completion of 1 yr of approved public health nursing education, and eligibility for license as a registered nurse in Pa. Write to Miss Madelyn Hall, Director of Public Health Nursing, Room 615 City Hall Annex, Philadelphia, Pa.

**PUBLIC HEALTH NURSE CONSULTANT, MATERNAL & CHILD HEALTH:** To provide technical program guidance and staff education in maternal and child health area of a generalized public health nursing program. Salary \$5400 to start with 4 annual increases to \$6480. Permanent career service, liberal benefits. Qualifications: 4 yrs of public health nursing experience including 1 yr in a teaching, consulting, supervisory or administrative capacity, and 1 yr in the field of maternal and child health. Master's Degree in public health nursing or public health nursing education with major course work in maternal and child health. Write to Miss Madelyn Hall, Director of Public Health Nursing, Room 615 City Hall Annex, Philadelphia, Pa.

**PSYCHIATRIC NURSE SUPERINTENDENT:** \$4865 to \$5929. To plan and conduct courses in medical and psychiatric nursing for attendants. Current vacancy at Ionia. Must have three years of experience as a graduate nurse in care and treatment of mental patients or two years of such experience and possession of a bachelor's degree in nursing. Apply Michigan Civil Service, Lansing 13, Mich.

**PUBLIC HEALTH:** (a) Inst. hygiene, school health, state normal univ. top salary, M.W. (b) Asst. Prof., prominent coll., nursing teach, superv., 4 yr basic prog., 9 mos., adm. ability required. \$530, NYC area. (c) Consultant, state p.h. dept., ability improve nrsg. service, knowl-

edge, promotion preventive, remedial procedures. \$5400, travel expenses. So. RN 9-6 Burneice Larson, Medical Bureau, Pamolive Building, Chicago, Ill.

**PUBLIC HEALTH NURSE:** \$370, \$391, \$413, \$436 starting salary dependent upon qualifications. Generalized program. County Car or 8c per mile, 37½ hr wk. For further information write to: Harold L. Faber, M.D., M.P.H., Director, Butte County Health Dept., P.O. Box 1100, Chico, Calif.

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**R.N.'s:** 225 bed general hosp., Las Vegas, Nev. Base salary \$390 mo. or \$3600 annually. Pd holidays, sick leave, vacation time, hosp insurance, annual increments. Contact Personnel Dept., Southern Nevada Memorial Hospital, Las Vegas, Nev.

**REG. NURSES:** 310 bed general hospital affiliated with U of O Med School. Staff Nurses basic salary \$270 with annual increases up to \$335. Asst. head nurse \$289 to \$358. Head Nurse \$310 to \$385, advancement on promotional basis. Full time eve. and night nurses are given asst. head nurse classification plus \$10, hospital policy. Pd vacation, sick leave, holidays and Social Security. Multnomah Hospital, 3171 S.W. Sam Jackson Park Road, Portland 4, Ore.

**REGISTERED NURSES:** For general duty in 39 bed hospital, no OB or surg. Alternating shift, \$275 starting salary, 40 hr wk, pd vacation, sick leave, pd holidays, laundry & meals while on duty & many other fringe benefits. 30 mins. from Gulf coast, close to city. Apply or write to Chas. H. Ewing Memorial Hospital, Sinton, Tex.

**REGISTERED NURSES:** Male and female. Starting salary \$300 up plus \$10 pm shifts. 40 hr wk, Social Security, paid vacation, 10 days sick leave, hospital group insurance. Apply Mr. Glenn A. Dickau, R.N., Administrator, Corning Memorial Hospital, Corning, Calif.

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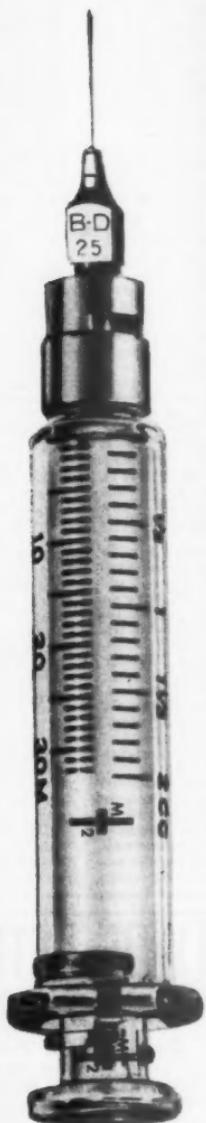
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**REGISTERED NURSES:** General duty in modern 50 bed hospital. \$225 per mo and 41.5 hr. wk. Opportunity for advanced education at Stetson University. Write: Director of Nursing Service, The Fish Memorial Hospital, DeLand, Fla.

**REGISTERED NURSES:** Near the Ski Capital of the East. Gen. duty and OR. 40 hr wk, liberal vacations, sick leave, holidays, other benefits. Write Administrator, Kerbs Memorial Hospital, St. Albans, Vt.

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**REGISTERED NURSES:** For general duty in 50 bed hosp., rotating shift. Starting salary \$250 to \$260 per mo. For further information write Director of Nurses, Hillcrest General Hospital, Silver City, N. Mex.

**REGISTERED NURSES:** Salary scale \$2500 to \$285 per mo, 40 hr wk, differential for evening and night duty, \$17 per mo, beginning salary based on length and recency of experience, increases every 6 to 12 mos, increases beyond maximum on basis of merit. 2 wks sickness allowance, 3 wks vacation, opportunities for

university study. Address inquiries to: Director of Nursing Rochester General Hospital, Rochester 8, N.Y.

**REGISTERED NURSES:** 2, for general duty in 18 bed hospital. Salary \$265 to \$300 plus partial maintenance. Sick leave and holidays. Write Superintendent Beaver County Hospital, Milford, Utah.

**REGISTERED NURSES:** For 82 bed general hospital, new and modern, located in heart of West Texas. Wonderful year round climate. Numerous opportunities for advancement. Openings in OB, Surg. and Med-Surg. Staff nurses starting salary \$275, \$10 differential for 3-11 and 11-7. Surgical Nurses \$300. Nurses home available. Jr. College in nearby town provides opportunity for advanced work. Write Director of Nursing, Memorial Hospital, Midland, Tex.

**REGISTERED NURSES:** Modern 93 bed general hospital in San Joaquin Valley close to San Francisco. Salary \$280 plus \$10 differential for eve and night duty, delivery room, nursery and surgery. Increases of \$5 every 6 mos. up to 18 mos. 40 hr wk, 2 wks pd vacation, 3 wks after 5 yrs. 7 pd holidays, 12 days per yr sick leave. Apartments available in neighborhood. Address: Director of Nursing, Modern Hospital, 830 E. 6th St., Modesto, Calif.

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6 mos., or \$100 per year, or \$8.53 per mo. up to three years. \$10 per mo. differential paid to those working afternoon and night shifts. Minimum wage scale for surgery nurses is \$275. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.  
**REGISTERED NURSES:** 350 bed general hospital near University, 20 mi. from Gulf Beaches. Salary \$225 to \$247 mo. to start, plus laundering of uniforms. 40 hr wk. Florida registration required. Apply Director of Nursing Service, Tampa Municipal Hospital, Tampa 6, Fla.

**REGISTERED NURSES—GENERAL DUTY:** For 234 bed general hospital. Beginning salary of \$268 per mo for 7-3 duty and \$278 per mo for 3-11 or 11-7. Annual increases based on merit. 40 hr work wk with 1 day per mo earned annual leave, 1 1/4 days per mo earned sick leave after completion of 6 mo period of probation. 6 pd holidays, 20% hospital discount, laundry of uniforms furnished. Apply Personnel Director, Petersburg General Hospital, Petersburg, Virginia.

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**REGISTERED PROFESSIONAL NURSES:** For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr. week. Differential salary for evening, nights and operating room. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

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**SALARY INCREASES:** Effective July 2, 1956: Staff Nurses \$3500-\$3980 yr, eve bonus \$55 mo, nite \$44 mo. See our ad "High Caliber Registered Nurses". Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

**SCHOOL FOR NURSE ANESTHETISTS:** Minneapolis General Hospital's School for Nurse Anesthetists now pays \$75 a month and maintenance. Class A School. Christine Furman, M.D., Minneapolis General Hospital, Minneapolis 15, Minn.

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**STAFF NURSE POSITIONS AVAILABLE:** 600 bed General and Tuberculosis Hospitals with student programs. In central valley city of 108,000. State and junior colleges afford opportunity for advanced education. Liberal personnel policies. Salary \$300 with 4 annual increases to \$340. Full maintenance available at \$45 monthly. Write to Associate Director of Nursing Service, Fresno County General Hospital, Fresno, Calif.

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**STAFF NURSES:** For 225 bed Southern California hospital on coast. Attractive personnel policies including 40 hr wk. Salary for California registered nurses starts at \$265 and increases on merit rating. Apply Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

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the State Nurses' Association. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

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**SUPERVISING NURSE:** 40 bed Obstetrical Department. Four wks vacation, 12 days sick leave, salary open. Experience necessary. Write for details Director of Nursing Service, White Cross Hospital, 700 North Park St., Columbus, Ohio

**SUPERVISOR:** 3-11, 60 bed hospital near Boston, 5 day 40 hr wk, liberal benefits, salary open. Winthrop Community Hospital, Winthrop, Mass.

**SUPERVISOR:** 3-11 pm, 332 bed general hospital with school of nursing, degree and experience desired, 40 hr wk, liberal personnel policies, living accommodations available, salary commensurate with qualifications, position available immediately. Apply Director of Nursing, Toledo Hospital, Toledo 6, Ohio

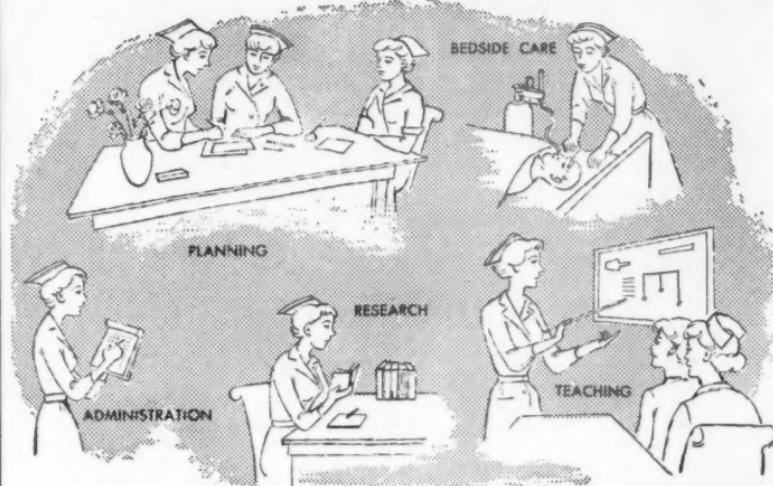
**SUPERVISOR-ANESTHETIST:** Immediate opening, small general hospital, SW mining town. Good salary, excellent working conditions. Supervisory experience necessary. Living quarters available. Box WCH-1 c/o R.N. Magazine, Oradell, N.J.

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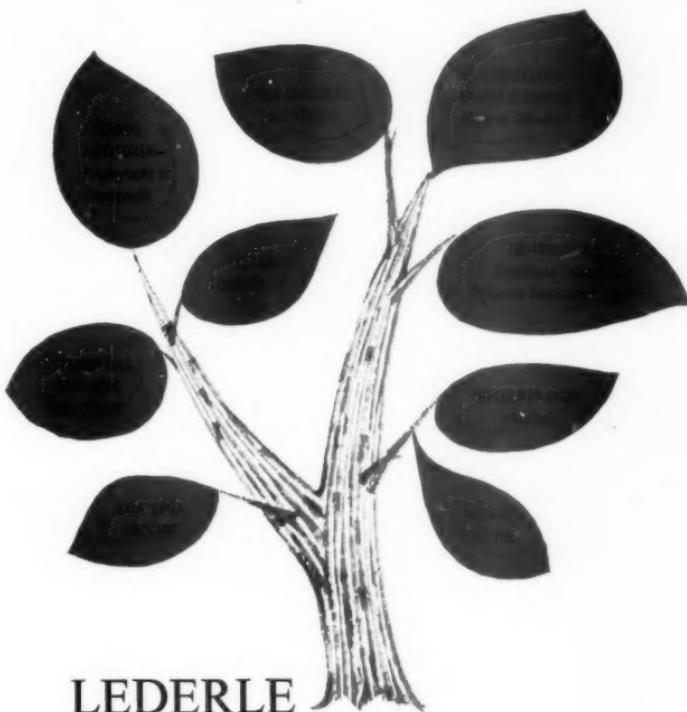
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